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## MEDICAL AND SURGICAL REPORTER.

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[VOL. XLVIII.—No. 16.]

### ORIGINAL DEPARTMENT.

#### COMMUNICATIONS.

##### NOTES ON THE TREATMENT OF WHOOPING- COUGH.

BY W. THORNTON PARKER,  
Acting Assistant Surgeon U. S. Army.  
Of Fort Elliott, Texas.

In the *American Journal of Medical Sciences* for January, 1883, is a quotation from the *Lancet* of October 21, 1882, as follows:

"At the meeting of the Medical Society of London, held October 16, Mr. Dolan read an abstract of his essay on Whooping-Cough, to which had been awarded the Fothergillian Medal of the Society. \* \* \* Turning to the question of treatment, he pointed out the necessity for measures of isolation in preventing the spread of the disease, for the enforcement of which measures the co-operation of all classes of the community was needed; and although the course of the disease *could not be controlled by treatment*" (the italics are ours) "the patient could be placed in the most favorable circumstances towards recovery; certain painful and prominent sources of trouble could be relieved, and complications guarded against, so as to assist nature in her efforts to throw off the disease. There was no panacea or specific remedy, but if the dependence of whooping-cough upon a *specific virus* be the true explanation of its pathogeny, the lines on which its rational treatment and prophylaxis were to be pursued became clearer and more hopeful."

It is my intention only to criticise the statement that "*the disease could not be controlled by treatment.*"

The importance of the isolation of all cases, of course, should not be overlooked. I fear that it is only recently, however, that people in general are awakening to the fact that it is not desirable, *even in summer*, to have their children exposed to whooping-cough! I have repeatedly heard people say, and they passed for very sensible people too, that "it was well for a child to be exposed to a *light form* of whooping-cough in summer, if they were healthy," rather than to run the risks of catching the disease in winter, or of having it later in life, when it might go very hard with them.

Such a statement seems highly absurd if it were not in reality a very dangerous opinion for a large class to believe in. We are all dependent on each other, and it behooves all good citizens to aid in the suppression of disease for the sake of others, as well as for their own sakes, in the community in which they live. Stricter laws should undoubtedly be made and enforced against all diseases, especially so against diseases of a highly contagious nature, like whooping-cough. Admitting the fact that whooping-cough in itself is "rarely fatal," the complications are very numerous, and thereby death results frequently. There are other complications which very much injure and weaken the patient in after life.

When we consider the infinite number of remedies, many of which are considered by their exponents to possess well-nigh specific powers, we would hesitate to add one more to the list; but it is very seldom indeed that one sees in any of the medical journals or text-books any reference to that most valuable remedy in whooping-cough, sulphate of quinine. I have not at hand Dr.

Dawson's (New York) reprint of an article, published, I believe, about five years ago on the "Treatment of Whooping-Cough by Small and Repeated Doses of Sulphate of Quinine;" neither can I remember the name of the journal in which it appeared. At this distance from "medical centres," it would take considerable time to find out. Dr. Dawson introduced this treatment from Germany, and first used it in the wards of the Hospital for Children in New York City, then under his care. He met with great success. I was fortunate enough to receive a copy of the article referred to, and employed this treatment with marked success in many cases in private practice. I was so much pleased with its workings and the almost *immediate relief* afforded to my *little sufferers*, and rapid destruction of the fungi which I believe to be peculiar to this disease, that I have used it and recommended it ever since. The treatment which I follow is to expose the patient as much as possible to the open air, and, if practicable, at our mountain or ocean resorts, and paying particular attention to food and clothing and general hygienic conditions is desirable. Every two hours I give a teaspoonful of a solution of sulphate of quinine four, six, eight, or even ten grains to the ounce. This remedy does not disappoint in many cases in *controlling the disease*, and if properly used, and with perseverance, in actually curing it, or at least shortening its course very decidedly. It seems to act as a destroyer of the fungi. It also nauseates and loosens the mucus in which they exist, and has also the valuable properties of a tonic. Unlike many of the other remedies which are so unsuccessfully exhibited in this disease, it has absolutely no injurious effects. The little patients begin to improve very shortly after the first two or three doses. I am fully convinced that a trial should always be made of the solution of sulphate of quinine in the strength and in the doses indicated, according to the age of the patient and the severity of the case; and after a few faithful experiments in this direction, no one will be able to say with truth that "the course of the disease could not be controlled by treatment."

#### THE KIND OF ELECTRICITY INDICATED.

BY W. O. STILLMAN, A. M., M. D.,  
Of Saratoga Springs, N. Y.

The choice between the different kinds of electricity in individual cases is one which must have puzzled every practitioner in the beginning of his electrical practice. Doubtless electricians of wide experience have hesitated or pondered in their

own minds over many a case neither rare nor difficult.

The outlines of differential electrical therapeutics are becoming well recognized, and it is principally on minor points that differences exist in the theory and practice of electricians. For instance, I think it is generally admitted that in hemiplegia, "where there exists an exalted electro-muscular contractility, electricity, if used at all, should be used in the form of faradization, and with an exceedingly mild and rapidly interrupted current." When the reverse condition exists, and there is a marked diminution of the electro-muscular contractility, it is, perhaps, unanimously conceded that the galvanic current is the one needed. The same current is, by general consent, allowed to be the best, par excellence, for the reduction of tumors, for application to the central nervous system, for hyperæsthesia, for skin diseases, and inflammatory conditions when electricity is indicated.

From the latter law is evolved the "rule of thumb" that neuralgia is to be treated by the galvanic current "when firm pressure over the affected nerve increases the pain," and by the faradic when it does not. It is, perhaps, as good a rule as any, as a rule; and yet one would scarcely be ready to affirm that because the pain was not aggravated by pressure the galvanic current might not be the more efficient form in a given case.

By many it is claimed that the faradic current is the one indicated in the condition known as general debility or neurasthenia. This is the rule rather broadly laid down by Dr. A. D. Rockwell, in the *New York Medical Journal*, February 3, 1883. My experience has been that in many cases of this type the faradic current is contra-indicated. In a great many there is a nervous irritability associated with the exhaustion, which is increased and aggravated by the interrupted current. In many cases of neurasthenia there is hyperæsthesia of some cutaneous parts, or abnormalities of sensation. In almost all insomnia is conspicuous among the most annoying of the symptoms, while a large proportion suffer from a neurotic dyspepsia connected with a feeble stomach. These special symptoms, together with the muscular tremor and mental or volitional irregularities, have, in my experience, extending over some six thousand applications of electricity, (at Drs. Strong's, Saratoga Springs,) been more relieved and benefited by the galvanic current than by the faradic. While the latter current is almost magical in its alleviatory effects in a great number of cases, it should not be forgotten that there

is a large minority which are more benefited by the former, and that in some cases of general debility the faradic current may be positively contra-indicated. Routine practice, by "rule of thumb," may sometimes lead to distrust and disgust with the results obtained by means of electricity, as with other agents when following such dogmatic laws.

Another feature in connection with the use of galvanic electricity is its tonic virtues. These are too often lost sight of by practitioners, it would sometimes seem. This current appears to possess a power of harmlessly evolving nervous force, and then of seconding its action on the body. Many times the electrician seems to defeat his object by using too strong a current; and many of the best results which I have observed, in nearly all classes of cases, have come from decidedly weak currents.

#### ANOTHER EXPERIENCE IN THE REMOVAL OF TAPE WORM.

BY C. T. MELSHEIMER, M. D.  
Of Bluffton, Ind.

In No 11 of the current volume of the REPORTER I noticed the article "An experience in the removal of tape worms," by Doctor Ward, which harmonized so much with my own that I adopted his advice in the treatment of these parasites. At the time, I had a case on hand which proved very refractory, and withal unsatisfactory in regard to the various noted remedies for its expulsion. The patient had been passing a segment or two of the worm almost daily, for several weeks, without any other annoyance than a pruritus ani whenever a link passed into the rectum, which ceased immediately on its expulsion. These segments were endowed with a high degree of vitality, so much so that life continued for ten or twelve hours after their expulsion. The separation appeared to depend more upon the act of spontaneity than from the action of medicine or any disturbed condition of the bowels; at least there was no more increase after the use of anthelmintics than passed with normal evacuations. I had made use of pretty much all of the vermifuges, with the exception of turpentine, and while debating the propriety of giving it, I received the REPORTER and concluded to give Dr. Ward's recommendation a trial, inasmuch as the patient manifested a perfect abhorrence to the use of turpentine. I had considerable difficulty in procuring Dundas Dick & Co.'s capsules of extract male fern and kameela, and it was only after searching all the drug stores here, and most of those at Fort Wayne, that the article was found.

He was directed to abstain from food the evening before, and take a dose of castor oil. In the morning, as a poor substitute for breakfast, he was ordered seven or eight of the capsules, and a few hours afterwards some five or six more, to be followed by another dose of castor oil. The result of this treatment, which did not cover a period of more than twelve hours, was the entire expulsion of the remainder, representing a section twenty-two feet in length, and that, too, with very little constitutional disturbance. In this instance it proved to be *tæniacide*; the worm was expelled dead, softened and covered with a milky fluid (excretions no doubt), that contained thousands of ova. *Tænia soleum* is extremely rare in this section, but *Tænia mediocanellata* of Kuckenmeister is becoming more frequent, and the only reason that I can assign for this frequency is in the universal use of imperfectly cooked beef. I had under observation six cases during the last two years, and all of them occurred in subjects that were in the habit of using beef cooked extremely rare. In view of the host of testimony favoring this view of the origin of these disgusting parasites, it becomes a matter of great importance to all to have their animal food cooked to the extent of destroying all parasitic germs, and thus save the necessity of taking large quantities of drugs for their removal. In conclusion, I will add, but one out of the six presented symptoms of tape worm—the others were wholly unconscious of their existence until segments were passed with the feces.

#### HOSPITAL REPORTS.

##### FACIAL NEURALGIA: THE BEST METHOD OF REACHING AND EXCISING THE INFRA-ORBITAL NERVE.—COXALGIA.—HYDROCELE; ITS RADICAL TREATMENT BY THE INJECTION OF TINCTURE OF IODINE.

A CLINICAL LECTURE DELIVERED AT THE PENNSYLVANIA HOSPITAL, JANUARY 6, 1883.

BY THOMAS G. MORTON, M. D.,  
One of the attending surgeons to the Pennsylvania Hospital.

Reported by WILLIAM H. MORRISON, M. D.

GENTLEMEN: You have probably seen during the winter a number of cases of facial pain, or, as it is often termed, *tic douloureux*, a severe neuralgia involving the distribution of the infra-orbital branch of the fifth pair of nerves. The patient before you, a male, 32 years of age, came to the hospital six weeks ago suffering from this malady involving the left side of the face, which, on careful examination, was found to have its greatest intensity at the point of emergence on the face

of the infra-orbital nerve. Pressure over the region of the infra-orbital opening caused the most intense suffering. Tracing the area of pain from this point, it seemed to be entirely limited to the distribution of this nerve. The patient had occasionally, however, experienced shooting pains through the supra-orbital, and also through the inferior dental branches. This man, after five years of suffering, entered the hospital with the hope that some operation could be done for his relief.

The neuralgia originated, without assignable cause, five years ago. He had tried every form of treatment. When these cases come to the surgeon, it is usually found, as you see in this instance, that all of the teeth have been extracted on the affected side; for it is rather a common belief that these painful affections of the face are due to some irritation of the dental nerves.

After a neuralgia of this kind has lasted for so long a time, it is more difficult to control than if it had been seen at an earlier period; the associated nerves become more or less involved in the irritation, so that, after we have divided one branch of this complex nerve, we find the neuralgic condition has involved the other branches of the main trunk. It is also sometimes a matter of great difficulty to determine whether a neuralgia is induced by a central or peripheral lesion. The neuralgias are often induced or augmented by atmospheric influences; they are sometimes rheumatic or gouty in character, and sometimes they are unquestionably caused by malaria, and now and then due to syphilis; frequently the neuralgia is due to bony pressure upon the nerve trunk. This is more often the case when the neuralgia involves the inferior dental nerve, which, as you know, runs through the dental canal in the inferior maxillary bone, and is likely to be involved in the changes incident to advancing years, as atrophy and solidification of the bone, which often causes the nerve to be pressed upon. These changes in the bony canals are most apt to occur after the age of fifty or sixty; but as this patient is but thirty years old, there appears to be no reason why he should have such a condition in the course of the infra-orbital nerve.

The remedies employed in these instances of facial neuralgia are legion. Almost every form of drug has been used and lauded in particular cases. Electricity has been advocated, and in acute attacks, I believe that in such cases it is often of service. Local applications, as iodine, blisters, and the actual cautery, injections of morphia, etc., have been more or less of benefit in the treatment of these maladies. Frequently patients, after all the various forms of treatment have been tried, return with increased suffering. After other plans of treatment, which should be faithfully tried, have been exhausted, comes the time for considering the question of resection of the nerve. In the present case, the patient had, for five years, been treated by drugs, and his sufferings were so great that I did not think it worth while to adopt any internal medication, but advised an excision of the nerve, which I performed six weeks since.

I have brought the man before you to-day to show you two points—(1) the line of incision to reach the infra-orbital nerve, and (2) the method

of exposing the nerve to the greatest extent with the least disturbance of the osseous tissues.

The nerve emerges just below the infra-orbital edge. The root of the nerve passes underneath the eye, only separated from the eye-ball by the roof of the canal in which it lies. In excising the nerve, it is not sufficient to divide it at the point of emergence, for the disease is often located in or at the outlet of the canal, and I am never satisfied unless I cut the nerve at the posterior part of the orbit.

In order to reach the nerve without any needless destruction of bone (which is sometimes followed by necrosis), I make a curvilinear incision, from and half an inch below the external canthus, to the internal canthus, and then continue the incision to within a half-inch of the angle of the mouth. This flap can be readily thrown over, and there is then the greatest exposure of the infra-orbital opening. There may be some hemorrhage, but this is readily checked by pressure. The diverging filaments of the nerve are then to be looked for, and when gathered together readily demonstrate the location of the trunk of the nerve. This can be effected by using a blunt probe, or by a strabismus hook. The nerve filaments are put on the stretch, when the operator can see whether or not all the filaments have been included. The handle of the knife is then used to separate the tissue above the line of incision, and the bony edge of the orbit is brought into view; the roof of the orbital canal is then easily broken with a probe as far back as possible in the posterior portion of the orbit. The instrument which I devised for this purpose consists of a little hook placed at right-angle to the shaft of a probe, which after being carried under the nerve as it lies in the canal, can by a little effort thoroughly break up the thin bone roof, and so expose the nerve. After the nerve has thus been well elevated, a pair of blunt curved scissors are carried well back and the nerve is cut, traction is made on the filaments first exposed, the nerve being drawn out from the canal is again divided, so that at least an inch or more is excised.

The advantage of this operation is that the infra-orbital ridge is not injured, and deformity is thereby avoided. The only bony structure involved is the roof of the canal through which the nerve passes. This never gives rise to the slightest trouble. After the nerve has been excised, the tissues are replaced and secured by a few interrupted sutures.

The method commonly adopted to reach this nerve is by trephining the antrum of Highmore, breaking the floor of the canal, and removing the nerve in a manner similar to that which I have described.

Following section of a branch of the trifacial nerve, there is total anesthesia extending over a certain area. After section of the infra-orbital, the anesthesia involves almost a right-angled space. In this space the anesthesia is absolute. If it is not so, doubtless some filament of the nerve has not been divided. The anesthetized space extends over a region bounded by a line drawn from the external canthus to the angle of the mouth, thence to the middle line of the lip, along the median line of the nose to the internal canthus. In describing the absence of sensation



patients often say that the parts have "a wooden feeling." The mucous surface of the mouth and all the tissues supplied by this nerve are in the same insensitive condition. This want of sensitiveness may continue for an indefinite period, often several years; then a certain amount of return of sensibility may occur, from the inosculation or union of the divided trunk which sometimes takes place.

It has been said that after division of the infra- and supra-orbital nerves, changes are likely to occur in and about the eye, as conjunctivitis, ulcers of the cornea, eczema, herpes, and other troubles. I think that these occurrences are very exceptional, for I have divided these nerves a great many times, and have never seen any of these results.

Six weeks have elapsed since the operation. Previous to this, efforts at talking, swallowing, mental excitement, a draught of air, or the touch of a finger, would produce severe pain, with marked spasm of the muscles of the face, compelling him to close his eye, and contorting the face. The muscles of the brow and neck were also involved. The patient has taken no opium or anodyne for four weeks. He sleeps well, and is able to swallow, can talk and chew without any trouble. (The patient was now removed.)

I hope that the operation will prove a permanent success. I have seen many instances in which division of the nerve has been permanent; in others, it has relieved the pain for many months, and sometimes years; twinges of pain in some of the cases occasionally recurred, and gradually the old enemy returned, sometimes in a more frightful form than before.

Should the pain return, the patient has at least been relieved of terrible suffering for perhaps months or years, which is sufficient to compensate him for having undergone an operation, which can even be repeated.

#### Coxalgia.

There is a patient here I have not seen, but the resident tells me that he has some deformity of the hip. This boy I now present to you is 13 years of age. For eleven months he has had some trouble with his hip. I shall rapidly go over the case with you, and see what the trouble is. The patient attributes the commencement of the disease to being pushed down stairs. After the injury, he continued to run about for three months. He was then taken to a hospital, and kept in bed for three months. Since then he has been about on crutches.

This case gives me an opportunity of showing a condition to which I alluded at a previous lecture, when I stated that in inflammation of the hip-joint (a serofulous disease, for all cases of hip-disease are of strumous origin), the nerve filaments surrounding and supplying the joint are more or less involved in the inflammation, and that the inflammation extends along the smaller nerves to the nerve trunk, which may be involved as far as the spinal cord. As a result we have sclerosis to a certain extent, and impairment of function. A certain amount of atrophy results. Here is an instance which will at once show you that this atrophy in a case of hip-joint disease has affected not only the muscles of the thigh and calf, but

that it has also extended to the bones. Variations in the length of the limb in hip disease are incident to other causes. Shortening may be due to changes which have taken place in the joint, head of the femur and acetabulum, as softening and absorption. There are changes here in the circumference of the limb, as well as in its length. The foot on the diseased side shows less development than the one of the sound side.

Inflammation of the hip joint comes on essentially as a synovitis of a strumous character. If the inflammation is very violent, abscess may rapidly form, the capsule be destroyed, and the pus passing into the muscular space cause violent irritation and inflammation; and the pus reaches the surface often by numerous tracts. These sinuses are often tortuous, extending far from the joint. As a result of the destructive inflammation and impaired circulation, there is often caries of the head of the femur; and if the diseased portions are not absorbed, they may separate as mortified or necrosed bone, and the fragments escape, enter the fistulous openings, or require to be removed by operation. In the earliest stages of hip disease, we find pain, swelling, and lameness. The effusion sometimes causes great distension, and if the fluid is not removed by the aspirator, the capsule may be ruptured, and the serum so thrown out into the cellular tissue cause cellulitis and abscess.

One of the earliest symptoms of this disease is rotundity of the hip. When we look for certain landmarks, we do not find them; in this case the ilio-femoral groove is entirely obliterated. There has probably occurred in this case destruction of the synovial membrane, ulceration has taken place, the head of the bone and the acetabulum have come in contact, and have united by adhesive inflammation. Almost every case of hip disease ends in more or less ankylosis. The treatment consists in absolute rest for the joint until all symptoms have disappeared, and frequently the child is put to bed and allowed to place the limb in the most comfortable position, which is that of flexion. He is allowed to lie in this way perhaps for months, until ankylosis has taken place, and the limb is immovably fixed in an angular position. The patient in walking is compelled to assume a bent posture, and eventually secondary curvature of the spine develops. This boy has been judiciously treated on the supposition that ankylosis would occur, the limb being kept in such a position as to be of the greatest service in walking, being ankylosed at a very slight angle.

I now get the boy to lie flat on the bed; if the ankylosis has taken place exactly on a line with the body, you will see that there will be no movement of the spine when I press both thighs firmly down; while if the diseased limb has ankylosed at an angle, however slight that angle may be, a curvature of the spine will occur on straightening the limb like the sound one, which is called an accommodative curve. As the boy lies on the table, with both limbs flexed or drawn up, the spine, you see, is in contact with the table, and I cannot carry my hand under the back. I now straighten the sound limb, and no amount of movement, flexion or extension that I make with the limb causes the least elevation or curve of the

spine. So soon, however, as I attempt to straighten the right leg, the spine raises, and to such an extent that I am able to carry my entire hand directly under the spine, which demonstrates the union between the femur and the pelvis at an angle. The exact angle of ankylosis can easily be determined by measuring the angle of the limb when the spine begins to leave the table.

After the subsidence of the active symptoms in hip-joint disease, which is treated by extension, the patient should be gotten out of bed, for confinement is always injurious to children. A certain amount of the head of the bone has been absorbed, and there is shortening. This should be compensated for by the use of a shoe with a high heel and sole, and an apparatus consisting of a steel bar passing along the outer side of the leg, having joints at the ankle and knee, but none at the hip, and secured to the body by means of a corset, and to the limb by straps. The patient can then go about securely. We cannot expect to remove the deformity which is incident to the disease. The diminished length and the lessened circumference cannot be overcome, but the limb may be made a useful one.

Suppose a patient had been allowed to lie in bed with the leg flexed, causing a right-angular deformity, which could not be overcome; the patient is etherized, and still with force the deformity cannot be removed (and the force should not be very great, for fear of fracturing the pelvis or femur). Subcutaneous osteotomy should be performed; this can best be done with Adams' saw. In order to reach the neck of the bone, the finger should be placed on the great trochanter; and directly beyond this is the neck of the bone. A puncture is then made with a narrow knife, which is carried on to the neck of the bone, and the capsule, if any exists, is divided, through which the saw is brought in contact with the neck of the bone. After the section if the limb is straightened and treated by extension with adhesive strips, like a case of fracture of the femur, union will quickly take place between the divided portions.

#### Hydrocele—Its Radical Treatment by the Injection of Tincture of Iodine.

Tumors of the scrotum are frequently met with. They may or may not involve the testicle. They may be connected with the abdomen. There may be a hernia descending into the scrotum, which may be forced into the abdominal cavity. Tumors affecting the scrotum may be syphilitic, tubercular, medullary.

One of the most common tumors of the scrotum is hydrocele—an accumulation of fluid in the tunica vag. testis. This can be diagnosed by the tenseness of the swelling, its pear shape, and especially by the readiness with which light is transmitted through it. This may be determined by examining the tumor in a dark room, or by holding a light to one side of the scrotum while it is looked at from the other side through the tube of a stethoscope. Hydrocele may be congenital or acquired. Where it is congenital, there is an accumulation of fluid from the abdominal cavity which has passed through the unclosed ring. By taking hold of the scrotum and making pressure, the fluid can often be forced out of it. The opening communicating with the abdominal cav-

ity is usually obliterated and the tunica vaginalis testis is formed. The effusion is the result of irritation of the membrane, which may be induced by strain, bruises, riding on horseback, stricture of the urethra, and other causes. The pressure of this large amount of fluid sometimes causes interference with the discharge or passage of urine. This man describes it as "a choking back of the water." The effusion may be enormous. I have removed two quarts. The largest amount on record is, I believe, some five or six quarts. This disease occurs generally before the age of two or three years, and more often after thirty-five or forty. It is especially common in old people. There are various forms of hydrocele, as hydrocele of the cord, encysted hydrocele, and double hydrocele.

To get rid of the effusion is the question: the hydrocele can be tapped and the liquid removed, but it will almost certainly re-accumulate. This is therefore called the palliative treatment. The radical treatment consists in exciting inflammation in the tunica vaginalis testis, the two surfaces of which come in contact after tapping. The inflammation is followed by adhesion of the two serous surfaces, and obliteration of the cavity. Whether a seton is used, or the scrotum slit open and packed, or carbolic acid or iodine injected—no matter what method is adopted, the object is to produce adhesive inflammation. The injection of iodine has long been a favorite method. I believe that the cause of failure which sometimes follows the iodine treatment may be attributed to the insufficient quantity of the remedy, or else to the fact that it is too dilute. At least ʒiiss. of the official tincture should be thrown into the sac and allowed to remain. This produces sufficient irritation and swelling of the scrotum, which we do not wish to control. A seton may be used for the same purpose, the only difficulty being that if it is left too long, it will produce suppurative inflammation, which is not desirable.

I shall now withdraw the fluid with a trocar. It is a good plan to attach to this form of canula a piece of rubber tubing. This enables you to remove the fluid without soiling the patient. It is hardly necessary to say that in introducing the trocar any large veins should be avoided. The fluid is now escaping. As you see, it is of a clear amber color, looking very like urine.

I find here a curious condition of affairs. The testicle on the left, or the hydrocele side, is of normal size, but the right testicle is only about the size of a lima bean, and is situated high up at the external ring. Considering the abnormal positions of the testicles, of which this is an example, reminds me of a case which I saw some time ago. A young man of about twenty came to me, stating that he had only one testicle. An examination showed but one testicle in the scrotum: the other was found about half an inch in front of the anus, was small in size, but could be moved only for a space of two inches in the perineal line.

It is always well, before using the iodine, after tapping a hydrocele, to get the patient to cough, in order to see if there is any evidence of hernia. There is nothing of the kind here. I therefore throw in two and a half drachms of tincture of iodine. The patient will now be put to bed, the scrotum to be well supported by a towel or bandage.

# MEDICAL SOCIETIES.

## PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

### Sewer Gas, and its Alleged Causation of Typhoid Fever.

BY GEORGE HAMILTON, M. D.

[Read March 7, 1883.]

The subject of the paper now to be presented, is essentially similar to one read by the writer before the College in 1879, and reference to that paper will, from time to time, be made in regard to certain facts and statements therein contained. The opinion that sewer gas was, and continues to be, the principal cause of typhoid fever, and that all other causes combined are unequal to this single agent in the production of this disease, was opposed in that paper, as it will be in this. The views presented by Prof. Frank Hastings Hamilton, of New York, in a paper on "Sewer Gas," published in the *Popular Science Monthly* for November, 1882, are, essentially, those accepted by an immense majority, either in or out of the profession; and, on the other hand, they are either rejected, or not accepted, as a rule, by practitioners and writers who have had the most frequent and abundant opportunities for observing the origin, development, and progress of the disease. The important question, then, involved in this subject cannot be determined by mere numbers, but by an appeal to facts, not conjectural, because theoretical, but to such as are unrefuted, because insusceptible of refutation. The great and increasing importance, in a sanitary point of view, of several questions connected with this subject, may be regarded sufficient to justify the expression of opinions in opposition to those entertained by one so deservedly eminent in the profession as the author of the paper on sewer gas.

In support of the sewer-gas theory, Prof. Hamilton declares, "that the experience of every medical man, and of almost every intelligent citizen, is in accord." From an assertion in regard to medical men so sweeping as this, the writer cheerfully appeals to the page of medical history on this point; and the citizen must surely enjoy a rare degree of intelligence if he be capable of solving a problem in medicine that still remains *sub judice*. That the people in general have adopted the sewer-gas theory is beyond question; and the reasons for this are obvious. The efforts to gain over the public mind to this view have been, and continue to be, incessant; and these efforts have, in great measure, been made by physicians of enthusiastic temperament, but who, unfortunately, have had but limited opportunities to obtain a personal, practical knowledge of this subject. But what is still more important, mankind are in general strongly disposed to accept as true that which promises pleasure, profit, and more especially health, exemption from disease, and longevity. The latter have been freely promised, provided that the sewers, and the house connections therewith, be properly constructed and kept in good condition; the filth in the streets, and every other place where it is apt to be found, be carefully removed, and disinfectants properly applied. In

this way the stamping out of typhoid fever, scarlet fever, and diphtheria, was confidently predicted. Here, then, was the true balm of Gilead presented to view; and is it surprising that almost every one, even the incredulous, should banish the dread that had so long held them in doubt and apprehension, and turn with wistful and confiding looks towards, and gladly accept, the proffered boon?—when, too, all this was to be had by the mere expenditure of the requisite money for a certain amount of mechanical and other labor.

A most discouraging thing, in this connection, is found in the assertion by Prof. Hamilton and others, that even when no sewer gas or offensive odor can be perceived, the gas with its fatal germs may yet pervade the residence of an occupant, whilst he is ignorant of any method of finding out whether or not such germs infest his home. This asserted fact is perhaps the key-note to the proposition, that all the ordinary or extraordinary and costly appliances now in use, and generally regarded, when kept in order, as capable of excluding sewer gas from dwellings, should be thrown aside, and that other apparatus should be erected in a detached structure, outside of the mansion. This proposition, emanating from a few sanitary engineers, is well-nigh impracticable. The plan has been tried in only a few cases, but not long enough to establish its supposed superiority. Colonel Geo. B. Waring is quoted in the paper of Prof. Hamilton as saying, "that such plumbing work as is to be found in nine out of every ten houses, even in Fifth avenue, is unsafe;" what then must be the condition of ordinary houses, constituting the vast majority, in view of the limited pecuniary resources of their occupants? Sanitary Engineer C. F. Wingate is quoted to this effect, that the constant demand for the doctor's services in so many houses in their normal bad state, and the fact that his services are no longer demanded when they have been put in sanitary condition, tells its own lesson. A lesson to have value, the doctor forgets, must not be based upon assumed premises. From this quotation it does not appear that the apparatus was other than what is now in general use, but that it had "been put into sanitary condition," and in this he is in accord with a large majority of medical men and sanitarians. Dr. Barker, in his contribution to the paper on sewer gas seems to deplore the fact "that of two young men, who suffered from typhoid fever, one died, and upon examination it was found that there was not a trap in the whole building!" But if the opinion of sanitarian Waring, and others who coincide with him, be correct, the mere existence of such apparatus within the walls of a building serves, nine times out of ten, rather to increase than diminish the danger! The actual causation of disease, in general, is among the most obscure of medical problems; and in regard to the sickness of the Prince of Wales cited by Prof. Hamilton, and also that in the National Hotel at Washington, or that occurring during the Centennial Fair, medical opinions are not at all in accord. Prof. Hamilton says "that plumbers suffer frequently;" but it has never yet been proven that they suffer more than others, although they are exposed to the action of sewer gas in its most concentrated form; and the reason why they do not suffer more, he

informs us, is "that they are in most cases in the full vigor of adult life and health." The reason here assigned will, the writer is satisfied, surprise every physician who has had an extensive experience in typhoid fever, or who is familiar with the written history of this disease. From early manhood, or womanhood, until the thirty-fifth year, is the admitted period of by far the largest number of attacks; and this holds good in several other acute maladies, notably in bilious remittent fever. In regard to this disease the late Dr. Parish, eminent as a citizen and a most experienced and practical physician, said to his class of students, "that if any of them became country practitioners they would find bilious remittent very prevalent and fatal as compared with the city;" and, with emotion, referred to his numerous consultations with country physicians within a radius of seven miles from Philadelphia, on either side of the Delaware, where he often witnessed the robust farmer, or his stalwart sons, sinking away into death, despite the efforts of the physicians. Now that this form of disease is supplanted by the typhoid, a similar condition obtains, as may be seen when the writer states that four cases of intestinal perforation occurred to him in the space of twelve months, whilst practicing in the country, thirty miles from Philadelphia. But more upon this point hereafter. Prof. Hamilton also speaks of the "immunity which adults usually enjoy, and especially those who are most of the time away from home and in the open air."

On the contrary, in his country practice, the writer nearly always found that the young men who were away from their residence, at work in the fields, were more frequently attacked with typhoid fever than the females, who were generally engaged in domestic duties in or about the house; and if, as the sanitarians declare, "that there is in the country houses, or the surroundings, something equivalent to sewer gas," why is it that the reverse, as to sex, should not be the case? Diphtheria is also said to be caused in great measure by sewer gas: why is it, then, that the most violent and fatal attacks of this malady occur in the country, sweeping off at times four, five, or six children, in a single family, without a thought of sewer gas; whilst in cities, with sewer gas almost everywhere, the proportionate mortality is much less? Notwithstanding the testimony of Dr. Alfred Carpenter, of London, as quoted by the author of "Sewer Gas," to show the causation of scarlatina by this agent, here again such testimony is confronted by facts similar to those adduced in regard to diphtheria. It is only a few months since scarlet fever appeared in a town in Pennsylvania, noted for its cleanliness, and occasioned a proportionate degree of mortality unknown in Philadelphia. We now come to a singular and very important statement in the paper on "Sewer Gas," namely, "that in Asiatic cities, where modern improvements in plumbing are unknown, typhoid fever, diphtheria, and scarlet fever are seldom seen; whilst with us they have increased, as some declare, just in proportion to the extension of these improvements."

After this comes the admission of Dr. O. C. DeWolf, Commissioner of Health for Chicago, "that water-traps, as at present constructed, do not pre-

vent the passage of disease-germs into our houses." Dr. Andrews is quoted by Prof. Hamilton essentially as follows: "Canton is a city of bad smells, it has no water-closets or connection with sewers, and its unsanitary condition is unquestionable; yet there is rarely any typhoid fever or diphtheria;" and he expresses his belief, "that water-closets tend to propagate these diseases, instead of preventing them." Prof. Hamilton declares "that the several classes of professional experts seem to have lost confidence in each other, and are heard constantly charging one another with incapacity." The chemists apparently are not agreed, the plumbers are charged with incompetency, and they, in turn, regard the physicians as their "most wrong-headed customers," possessing only a "dangerous smattering" of knowledge upon this subject. An architect has complained "that men of his calling have been blackguarded, lectured, and blamed by eminent doctors for their supposed ignorance of matters of this sort;" and a sanitary engineer has said publicly, "that there was probably only one architect in the city competent to execute the specifications for the plumbing of large houses;" while a distinguished member of the National Board of Health said publicly, "that he could count upon his five fingers all the sanitary engineers in this country in whom he could place any degree of confidence." If only the half of what has just been said be true, how embarrassing must be the condition of the public, and how greatly will be augmented the alarm, already so unnecessarily excited; and, in view of what has now been stated, may it not be thought that the motives thereto have not always been of a benevolent and purely unselfish character?

It is now time to confront the popular opinion that typhoid fever, diphtheria, and scarlet fever are caused by sewer gas, and that to a degree unequalled by all other alleged causes combined. In attempting to do this, such cases as the following will be completely ignored: Mr. A., on returning from his summer tour, perceived, distinctly, the smell of sewer gas in his house, and fell sick on the third day with typhoid fever. What can be said against sewer gas in this case, it may be asked? In answer, it may be said, that while, by a bare possibility, the gas was the cause of the disease, the probabilities are all the other way. In the first place, the period of incubation is from eight to twelve days; in the second place, the writer's experience has convinced him that in not more than one house out of five has any smell or sign of sewer gas been detected, either before or during an attack of typhoid fever. And again, if the opinion lately advanced by a few of the most eminent authorities, that, as at present constructed and placed within the dwelling, the apparatus is incapable of excluding the gas, is correct, then, in such a city as Philadelphia or New York, many thousands more must be added to the tens of thousands of houses said long ago by the alarmists to be infected with sewer gas. In this connection, it may further be stated, that if the dwellings of this city and those of New York are infected to the extent asserted, then the conclusion is inevitable that the mortality would be absolutely frightful; and yet, in some weeks, in our city and in New York, with, taken



together, about three millions of people, the deaths have been down to two, three, or four; while diphtheria, caused, as sanitarians and inexperienced physicians say, by the same sewer gas, has at this identical time occasioned weekly, the death of about thirty or forty persons. In the third place, it is well known that many individuals on returning from the country to their homes in the city, in a very few days, before the period of incubation has expired, have had attacks of typhoid fever; and such cases may fairly be regarded as having had their origin in the country.

Another instance of typhoid fever is this: A complaint was made to the Board of Health that a stagnant pond upon the outskirts of the city had already caused two persons to fall sick with fever. The pond was, by order, filled up; the patients recovered, and no others were attacked! Could anything, many would ask, be clearer than the exciting cause of these attacks? That a vast majority would regard the cause assigned as the true one need not be doubted; but it is not to be forgotten, that a large majority of people are by nature credulous, and, as a rule, the credulous are not logical, and the faith of such persons, as Goethe and Richter have said, is a matter of feeling, affection, aversion, rather than of reason, as the following example in relation to that just quoted, may serve to illustrate. Into the family of a wealthy farmer, a few miles distant from the ill-conditioned pond alluded to, typhoid fever entered at about the same time as in the former case; several of the members were attacked, and, as in the former instance, all recovered. There was no stagnant pond here to complain of; on the contrary, the farm lay in a beautiful elevated section of the country, was in all respects a model farm, the agriculture, domestic, and general economy exceptionally good; yet all this, as the writer had often seen in his rural practice, occurred without the agency of sewer gas or (apparently) any other one of the agents so commonly held responsible for these attacks.

The writer is well aware that the points maintained in opposition to the current views as to the origin of typhoid fever are not accepted by a very large proportion of medical men and sanitarians; but it should be remembered, that by the reports of the Board of Health of Philadelphia, there have been on an average weekly, for the last ten or twelve years, but seven to eight deaths; hence, it is evident that, with all the alarm in regard to typhoid fever, there has not been opportunity for one-half of the regular physicians of this city to become fully acquainted with the disease, in its various forms and aspects. In every instance, however, when the writer has inquired of any one who had practiced extensively, both in town and country, the answer has been nearly always, that the disease, when it appears in the country, is infinitely more prevalent and fatal than in the city, and that, as a rule, it was impossible to discover whence it originated. But, on this point, let us turn to an eminent authority—Trousseau, that great medical light of the nineteenth century. After speaking of the great difficulty of discovering the intimate causation of disease in general, and of the great advantages of the practitioner in rural districts in regard to this point, he declares,

"that the ordinary causes given in explanation of the origin of typhoid fever are trivial (*banal*), and deserve no serious consideration."

(*To be continued.*)

#### THE KENTUCKY STATE MEDICAL SOCIETY.

The Society convened in regular session at 12 m., Wednesday, April 4, at Masonic Temple, in Louisville.

The regular order of business having been disposed of, Dr. T. B. Greenley, of Jefferson county, made the report on the progress of therapeutics. He referred to the extensive use being made of iodine and iodide of potash, as well as carbolic acid, in the treatment of typhoid and malarial fevers, but failed to report original observations on the subject. His experience in the treatment of intermittents is favorable to the further trial of the sulphites and hypophosphites. Borax in epilepsy he recommends when the bromides fail. Atropine and ammonium bromide have likewise served in his experience as useful remedies in the treatment of spasmodic affections. The treatment of vomiting by the use of water as hot as can be borne he refers to as an old treatment resurrected to subserve a useful purpose. The *Prunifolium Virginicum* has maintained the reputation it acquired upon its advent into professional favor as applicable to threatened abortion. The ether spray in facial neuralgia was recommended, but whether as a palliative or curative agent the author failed to mention. *Eucalyptus globulus* has failed to meet the expectations indulged by those who anticipated in its use a valuable substitute for the preparations of Peruvian bark. *Pinus Canadensis* for chronic diarrhoea and inflammations of the urinary passages; dugong oil, as a substitute for cod-liver oil; calcium chloride in glandular enlargements, has each been productive of good results in the author's hands. The writer referred to the changes made in the quantities of active ingredients in the standard preparations in the new pharmacopoeia and wisely cautioned that care be exercised in designating the quantities of them when ordering them in prescriptions.

In the discussion which followed, Dr. Preston B. Scott, of Louisville, called attention to the fact that one advance in the preparation of medicines had been overlooked by the author of the report on therapeutics, and he therefore exhibited for inspection the compressed tablets as illustrating one of the elegant and reliable forms of administering the various alkaloids in practice. In their porosity, and therefore ready solubility, Dr. Scott finds qualities that recommend them to the attention of the profession.

Dr. W. M. Fuqua, as chairman of the section, delivered an address on surgery. Wound treatment first engaged the writer's attention. Under this head reference was made to antiseptics, as practiced by applications such as carbolic acid and iodoform. The speaker deprecated the almost universal use of iodoform, for the reason that absorption of the drug has been followed by unpleasant mental symptoms, showing the poisonous effects of the drug when absorbed. Drainage received fit consideration in this connection. The field of micro-organisms was hastily scanned, and

the lessons of the first discoveries in this field applied to those of later dates, and the influence upon future investigations foreshadowed. The germ theory as applied to typhoid, malarial, and scarlet fever, finds in the author a firm believer, and forcible, if not eloquent, exponent.

Peritoneal surgery, the author says, has grown with the growth of the antiseptic system. In the treatment of wounds, surgical or accidental, involving the peritoneal cavity, Sims voices the most recent utterances when he declares that unfavorable terminations are the result of septicæmia and not peritonitis, and that this septicæmia is due to effusions into the peritoneal cavity.

Resection of the pyloric extremity of the stomach has been performed perhaps fifteen times. Three thus operated upon are still alive. The probabilities are that the operation will never be recognized as a justifiable procedure. Operative procedures for the relief of intestinal obstruction, colotomy, rupture, and gunshot wounds of the bladder, hernia, and operations upon the chest and lungs, were each in turn considered, but beyond a reference to the subjects, nothing of importance can be said to have been developed.

In gynecology, the greatest advances have been made by native talent. Operative measures for the relief of epilepsy, as recently shown by Dr. Alexander, is likely to be productive of benefit, and will shortly, in the estimation of the author, become of recognized utility. Shock, that peculiar and often fatal condition incident to grave surgical operations and injuries, was not clearly understood until of late years.

Discussion on this paper was confined to a consideration of the subject of antiseptics, and particularly the dangers attendant upon the use of iodoform.

Dr. J. M. Matthews, of Louisville, said: "I have been highly edified by the paper of the distinguished surgeon. There was one point that impressed me from the beginning, and I wish to call attention to it in order to elicit a discussion from the Society with reference to the point.

"The author mentions that the ideal antiseptic has not yet been discovered; and in making this assertion he speaks of iodoform in disparaging terms, because of the danger attending its absorption. In a special way I have used this agent for a number of years, and notwithstanding the fact I have seen daily in medical journals and heard it spoken of freely as being dangerous, I have used it to its full effects, it seems to me, without once having reason to think that by its application I had done the patient harm. In treating diseases of the rectum, I have used it freely, packing an ulceration with it as many as three or four times a week, and continuing this for three or four weeks, until a healthy action had been excited, and I have yet to meet a single subject wherein any deleterious or dangerous symptoms followed as a consequence of its use. Applied as it is in my practice, where you can watch its effects and see the granulations springing up, after several years of experience with it, I must say I have failed to see a single instance in which it has proven deleterious so far as the absorption of the drug has affected the constitution of the patient. As to its local effect, I think no surgeon can have a doubt as to its excellence."

Dr. D. W. Yandell, of Louisville, said: "The point raised by Dr. Matthews is one of importance. As I gather from the discussion, what the chairman of the committee has said touching the dangers of iodoform does not apply to its application to the small surface to which it must be applied in diseases of the rectum, but to the absorption of the substance when used in enormous quantities. I do not infer that iodoform used upon small ulcerating surfaces could be accompanied by any danger. I wish to confirm in my own experience the value of iodoform in rectal troubles. I have found it of especial use in the treatment of hemorrhoids after treatment for removal by any of the usual methods. In some cases there is a good deal of active inflammation left, in others a sluggish condition of the parts, a calloused-edged ulcer, or much infiltration in the adjacent tissues; under these circumstances, but more particularly in the acute ulceration that follows, I have almost invariably gotten excellent results from iodoform. I quite concur in the remarks of Dr. Matthews touching its harmlessness. I have never known a patient to complain of it, nor, in fact, any ill from it at all. I think it has been much overrated, because it has been used in too many things. Like Martin's bandage, the only trouble with it is that it does too much, and too much is therefore expected of it. I am sure that in many forms of ulcerations, and particularly in those forms about the rectum, it is a valuable addition to our surgical remedies."

Dr. D. S. Reynolds, of Louisville, while "quite agreeing with the gentlemen with reference to the importance of the use of antiseptics, recognizes a great difficulty in the want of a selection of the proper kinds of antiseptics for particular conditions. Thus the chloride of sodium is an efficient antiseptic in acute purulent inflammations of the mucous membranes, whilst boracic acid is applied with better results to those of a chronic form. Thymol and eucalyptol are of like benefit in the treatment of those inflammations which become septic by becoming purulent, as in the cavity of the middle ear, the tear passages, and other similar states. The *aspergillus albicans* which invades the external ear is destroyed, perhaps, more readily by eucalyptol and thymol than by other agents, though boracic acid is not to be neglected in fungoid growths of this character. The *tinea tonsurans* and *trichophyton*, which sometimes invade the hair follicles along the margins of the lids, are quickly destroyed by boric acid. Thus I imagine that when we are able to classify the germs in a given instance that are giving rise to pathological processes, we shall then be able to arrive at some definite conclusion as to the selection of the germicide applicable and capable of their destruction."

Dr. Holloway, of Louisville, thought it would be better to classify these remedies as germicides rather than as disinfectants or antiseptics. So far as iodoform is concerned, he looked upon its action as simply alternative; the same is true of the local action of carbolic acid.

In speaking further of the subject, Dr. Fuqua related two cases that came under his own observation, in which the persistent use of iodoform resulted in mental derangements to such an extent as to make it necessary to withdraw it.

Dr. Holloway suggested that the internes at the City Hospital be heard from on the subject. Dr. Sargent accordingly replied that during his term of service iodoform had been used according to Col. Sellar's directions for the use of his eye-water; that in the venereal wards it had received the designation of the ward cologne, and so far as his observation had extended it had produced no troublesome constitutional effects.

After all the discussion elicited, Dr. D. W. Yandell, of Louisville, concluded that in those cases in which the use of the drug was followed by unpleasant manifestations, they arose from some idiosyncrasy of the patient, as is sometimes exhibited in the intolerance of morphia by certain individuals.

The nominating committee was then announced, and the society adjourned to meet

#### THURSDAY MORNING

at 9 o'clock. The first paper read at this session was a report of the committee on Medical Ethics, by Dr. F. J. Yager, of Campbellsburg.

Dr. Preston B. Scott, of Louisville, read a paper on the subject of Disorders of the Menstrual Function. Many young women, said the writer, suffer from dysmenorrhea, and in fact, the functional disorders of menstruation have steadily increased. Pain, scanty and irregular monthly flow, are the commanding features. Conditions which impair nutrition and depress nerve force are the leading causes. The results are recurrent suffering, sympathetic disorders, reflex disturbances, and in due time local changes. In view of future married life, Emmet's tables show how large here is the field of preventive medicine. It is to this class of sufferers, and it is a very large one, I call your attention.

To-day two young ladies, sisters, aged 19 and 21, came into my office looking the pictures of blooming health. One had only a scanty flow, followed by severe frontal neuralgia after every monthly period. The other went to bed with fearful cramps for two days. They had been suffering thus for two years, and for the first time now had come to seek medical advice.

Now Emmett has given us some valuable statistics, showing how much the health and capabilities of woman have been influenced by disorders of early menstruation. I asked a young society lady not long since how many of her friends suffered as she did. She answered, "Nearly all of them suffered some, many of them enough to go to bed."

These conditions, the author argued, were due to the mode of life of women and girls at the present time. He cited the fact that it is no uncommon thing for as many as eighty girls and women to be seated in one room, sewing in dress-making establishments in this city. Many others labor in factories from seven in the morning till six in the evening, in defiance of an undeveloped and overstrained function struggling into healthful regularity.

The author gave some attention to the deleterious effects of the forcing plans of education prevalent in this rapid age.

With respect to treatment, it must ever be borne in mind that this function is a monthly cycle of nerve force, intensifying as it reaches its maturation,

with a climax in a flow of blood and mucus, healthful and complete as it is painless and uninterrupted. To reach this end, he directs his treatment to a period of apparent rest, a period of approach, and the period of actual flow. One of the chief difficulties the author has met has been to have patients to keep their count, and have a due regard to the circumstances of their living, in so far as that influences the course of the flow. In the intervals their pain is forgotten, and hence as a class they are fastidious in regard to the taste of their medicines. Arsenic, strychnia, iron in the form of lemonade, as recommended by Goodell, all serve a useful purpose when given with due respect to time and circumstance and indication. At the approach it will be found necessary to resort sometimes to sedatives, sometimes to stimulants; for the latter purpose, the hydropiper and the fluid extract of cotton root has given satisfaction; for the former the pulsatilla ammonii has stood the test of six years' constant application. The principal chance in all cases, however, is to use the interval of repose in restoring to a proper balance the depressed nerve force. Medicines alone will often fail.

Dr. Joseph McCormack, of Bowling Green, next read a paper on the subject of Hygiene in which he took occasion to dwell at length on the duties and powers of Health Boards in various sections of the country, and to compare to some extent the work and condition of the Kentucky State Board with those of other states.

This, with the spirited attacks that have recently appeared against the Kentucky State Board of Health in the local press as well as in the medical journals of distant cities was the signal for a spirited discussion of the subject, participated in by Drs. Larrabee, Holland, Yandell, D. W. Pinkney, Thompson and McCormack.

Dr. Larrabee remarked upon the difficulty of such Boards of Health to accomplish any useful purpose, in the present state of apathy of the people.

Dr. Holland, after speaking of the value of agitation as a means of instructing the people concerning the matters in which instruction is desirable, said: "As a sanitary official I am aware that the county Boards are taking more interest in the matter and in their duties than they ever have before. The people are awakening; the doctors are awakening. This is good. You can estimate very correctly the amount of public spirit, the genuineness of the heart and the soundness of the head of a doctor, by his growing faith and activity in sanitary work." Dr. Holland referred to the attacks in the local medical press concerning the inefficiency of the Board and its small accomplishments, and pointed with pride to the change of public sentiment at the time the Board was created, and in conclusion appealed to the profession to uphold and succor a sanitary movement when it is thus once started, cheer it when it recovers from a momentary fall, and for God's sake to let the movement go on.

Dr. Pinkney Thompson, President of the Board, arose, not to defend the State Board of Health, but with the hope that he might say something to encourage a spirit upon the part of the members to correct the erroneous statements made by Dr. Yandell. To begin with, it would appear that

just such speeches as he has made, and just such articles as he chooses to publish, have been made and written against every public health organization. The State Board of Health of Michigan nor even that of Massachusetts, has escaped this and even worse criticism. By the same spirit as that here manifested, the National Board of Health has been completely crushed out.

(To be continued.)

#### TRANSACTIONS OF THE NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

Meeting of February 23, 1883. President J. T. Eskridge in the chair.

Dr. Rebecca Hunt read an account of an operation performed for the relief of imperforate rectum. The existence of hypospadias in the case possessed an important embryological bearing.

Discussion of case reported by Dr. Longaker (see page 396).

Prof. J. B. Walker, mentioning the frequency with which carcinoma of stomach occurs unaccompanied with severe symptoms, reported an instance of a male who had a large malignant tumor of the pylorus, and no especial symptoms until the last five weeks of life. These, however, were not those of cancer, but typically asthenia.

CASE 2. Large, strong, vigorous man suffered with an apparently causeless vomiting. Emesis occurred at long intervals. Fatigue and excitement seemed to develop the tendency to vomit. Anorexia existed, but no other symptom that would lead to a suspicion of so serious a disease as carcinoma. Anemia was noticeable. A regurgitant mitral lesion was present, and the above manifestations of disease were attributed to it. The cachexia of carcinoma is peculiar, and is not properly described by the term icteroid. It is a peculiar silvery hue, and the epidermis presents a tessellated and micaceous appearance clearly shown when light is directed obliquely upon the surface. It was solely from this peculiar condition of the skin and its location upon the dorsum of hands that carcinoma of stomach was diagnosed. There was absence of local tenderness, hæmatemesis, and constipation. No epigastric tumor, but alone the peculiar silvery cachexia that was made the basis of diagnosis. Four weeks before death oedema of ankles for the first time presented.

In Case 3, a patient suffered from occasional vomiting. No other symptoms pointing to serious organic disease existed, except this peculiar silvery condition of the skin.

Carcinoma of stomach was diagnosed, and the autopsy revealed extensive carcinomatous degeneration occupying the lesser curvature.

CASE 4. Another instance in which this peculiar silvery cachexia alone existed. Autopsy revealed correctness of diagnosis.

CASE 5. Silvery cachexia. Death. Autopsy disclosed in addition to gastric carcinoma, infiltration or involvement of a portion of the liver.

In concluding, Prof. Walker stated that this peculiar cachexia is not so noticeable upon the face, but is especially conspicuous upon the dorsum of the hands, the thorax, and abdomen.

Dr. L. Brewer Hall discoursed upon the import-

ance of microscopic examination of these malignant cases. Many cases are indiscriminately termed scirrhus, when such examination reveals the characteristics of some other type. In order to clearly know the specific course and symptomatology of the several varieties of carcinoma, it is necessary to carefully study each specimen, and by coupling the histological characteristics with the clinical phenomena, we will be enabled to understand the types with which we deal.

The specimen was referred to the committee on pathology.

#### COLLEGE OF PHYSICIANS OF PHILADELPHIA.

The regular monthly meeting of the College was held on Wednesday evening, April 4, 1883.

After the transaction of routine business, Dr. J. T. Eskridge read a most elaborate and carefully prepared paper on a case which he called "Tubercular Cerebro-Spinal Meningitis of eight months' duration." Drs. Roberts Bartholow, and Da Costa, and President Stillé, took part in the discussion which followed, and raised doubts concerning the correctness of the diagnosis, Dr. Da Costa insinuating that it was rather a case of spurious cerebral meningitis.

Dr. J. Solis Cohen followed with a statistical paper, in which he held that experience proved that laryngectomy did not have a tendency to prolong life, and stated his preference for tracheotomy.

Dr. S. W. Gross differed with him, and mentioned several cases not referred to by Dr. C., where laryngectomy had produced very satisfactory results.

Dr. Wm. Barton Hopkins read the last paper of the evening, and exhibited a woman upon whom Dr. John Rhea Barton had performed excision of a large piece of the shaft of the radius in 1828.

These papers will appear in full in future issues.

#### Feline Test for Defective Sewer Pipes.

Cats have a great fondness for the odor of valerian. So an ingenious Boston woman, suspecting some defective pipes, borrowed two cats and shut them up in the suspected room; then, having purchased some oil of valerian, poured it into the highest basin in the house, and proceeded down stairs to watch the result. She was gratified to find both manifesting a preference for a certain spot in a closet near which a waste-pipe ran; and here, on further inspection, a complete separation of the pipe was discovered.

#### A Modern Miracle.

The *New Orleans Picayune* says that a medical man in New Orleans, who is fond of his little joke, called on a colored minister, and began to catechise him. "Why is it," said he, "that you are not able to do the miracles that the apostles did? They were protected against all poisons and all kinds of perils. How is it that you are not protected now in the same way?" The colored preacher responded promptly: "Don't know about that, doctor. I spect I is. I've taken a mighty sight of strong medicine from you, doctor, and I is alive yet."



## EDITORIAL DEPARTMENT.

## PERISCOPE.

## Ichthylol in Skin Diseases.

The New York Medical Journal, March 17, 1883, says:

In a late number (December, 1882.) of the *Monatshfte für praktische Dermatologie* are two contributions—one by Rudolf Schröter, the other by Unna—relating to a new remedy for skin diseases. The article by Schröter relates the history of its discovery and describes the method of its preparation, while Unna gives an account of how it is employed and of its effects upon diseases of the skin.

Ichthylol is an oily product obtained from a peculiar bituminous mineral found in the region of Seefeld, in the Tyrol. The mineral occurs in beds or veins of varying thickness, lying in fossiliferous rock, which bears numerous fish-prints, together with a certain number of petrified fishes. It has been surmised that the bitumen owed its origin to the animal residue of fishes and other marine animals left there in prehistoric times, when the region was still submerged by the sea. Hence the name "ichthylol." To obtain the oil, the bituminous rock is first subjected to a dry distillation in iron retorts. The fluid product that results soon separates spontaneously into a thick, tarry substance, and a very fluid, dark-colored, strong-smelling oil. The latter is then subjected to the action of concentrated sulphuric acid, and various other chemical processes, by means of which it is clarified and refined, when a neutral or slightly alkaline product results, having a peculiar odor described as "kräuterartig" (herb-like). The product, which is what is known as ichthylol, is regarded as an extract from the original oil. Its chief ingredient is said to be a sulphur acid. Sulphur forms from two and a half to ten per cent. (according to the method of preparation) of its composition. In appearance it is of a somewhat tarry character, but resembles none of the ordinary tars either in its odor or in its chemical composition. Its consistency is about the same as that of vaseline. It forms an emulsion with water, and is miscible in any proportions with oils or vaseline. It is partly soluble in alcohol and partly in ether; wholly so in a mixture of both.

Unna maintains that the efficacy of ichthylol as a topical agent in skin disease—and this efficacy he has found to be very considerable—is chiefly due to the sulphur which it contains. He regards the drug as essentially an artificial production, and refers to the fact that the chemical treatment by which it is produced increases the proportion of sulphur from two or three per cent. to about ten per cent. Moreover, there is a marked increase by this same means in the proportion of oxygen. He considers ichthylol as resembling a ten per cent. sulphur ointment, but differing from the latter in that the sulphur is in a very intimate chemical union with the other ingredients.

Unna made his first trial of the drug in a case

of universal psoriasis. One arm was treated with chrysarobin, the other with ichthylol. At first the latter appeared to be having the most rapid effect, but afterward, when the chrysarobin had fairly begun to act, the ichthylol was shown to be so decidedly inferior that it was abandoned entirely, and the chrysarobin was applied to both sides. But it was discovered that ichthylol, though applied for a long time continuously, even in its purity, to the skin, never caused any signs of eczema, as would invariably be the case were a ten per cent. sulphur ointment applied in the same way. This led to the employment of the new remedy in eczema. Unna refers to thirty cases that he has treated with ichthylol with very decided success. The eczemas treated were of many varieties—both moist and dry, papular, squamous, circumscribed, and diffuse—and were confined to no particular region of the body. The drug was employed in the form of a salve, varying in strength from five to ten, fifteen, and twenty per cent.; also it was used pure or in the form of spray from a solution in alcohol and ether. The pure form is not recommended, however, but a fifty or forty per cent. solution in vaseline or lard is preferred for adults, while from ten to two per cent. is considered strong enough for children.

It is advised that, commencing with an ointment moderately strong, the strength be gradually decreased as the case improves, since otherwise the ointment, after a time, tends to retard the progress of the cure. Moreover, the condition of the cuticle is said to form a criterion for the strength of the application. For example: If in a papular eczema a fifty-per-cent. ichthylol salve answers the purpose, in a moist, abraded eczema a strength of not over twenty or thirty per cent. will be required. In general, the more intact and the thicker the cuticle, the stronger must be the ointment. The chief merits of ichthylol are stated to be as follows:

First, it tends largely to relieve smarting and itching, combining the good qualities of both Hebra's (diachylon) and Wilson's (zinc oxide) ointments on the one hand, and those of carbolio acid and tar on the other.

Second, it offers this advantage over all other sulphur preparations, namely: that it may be combined with lead and mercurials without any separation of sulphur taking place.

The following combination is recommended:

R. Lithargyri,	10.
Coq. c. aceti,	30.
Adde	
Olei olivæ, adipis, aa,	10.
Ichthylol,	10.
M., ft. ung.	

Inasmuch as this ointment forms an emulsion with water, it is very easily removed from the skin. The disagreeable odor of the ichthylol has not yet been overcome.

Aside from eczema, Unna is of the opinion that

the new remedy will be found valuable in all cases where sulphur preparations have heretofore proved themselves valuable. With reference to the internal exhibition of ichthyol, there have been as yet no satisfactory investigations.

#### Non-Puerperal Uterine Hemorrhage.

Dr. Paul F. Mundé contributes a very practical paper on this subject to the *Medical Record*, February 10, 1883. He describes a condition in which there is either a continued discharge of blood, or where the menstrual flow lasts unusually long and is abnormally profuse. The following are the causes:

1. Non-puerperal erosion of the cervix uteri; due to the irritating discharges of the almost ever-present cervical catarrh, or friction of the cervix against the posterior vaginal wall. For this condition he applies a solution of nitrate of silver (3j.-3j.) within the cervical canal and over the eroded spot. A thin dust of finely powdered iodoform is then blown on the cervix through an insufflator, a tampon soaked in glycerite of tannin, equal parts, placed against it, a dry pledget over this, and the speculum is withdrawn. These tampons are to be worn for thirty-six to forty-eight hours, and an injection of tepid water, with one or two drachms of sulpho-carbolated zinc or plain sulphate of zinc should be used twice a day for three days, when the patient should again present herself for local treatment. The same application will probably be repeated every three days, until the erosion shows signs of healing, when a milder solution of nitrate of silver (3ss. or grs. xx. per ounce) should be used; or the absence of improvement calls for a change of treatment. In very obstinate cases, with chronic cervical catarrh, it is essential to cure the latter (the cause of the erosion) first, and this is a difficult matter. The removal of the hypertrophied endo-cervical glands and mucous membrane by the sharp curette, and cauterization of the base with strong nitric acid or the actual cautery, is usually an indispensable preliminary to a successful treatment of the catarrh. Occasionally I have found it necessary to apply nitric acid, or pure chromic or pyroligneous acid to the erosion, before a change for the better allowed me to return to the milder astringents and iodoform. In every case it is well to notify the patient that the cure is certain, but that she must persevere for several months, at least, or she will not recover.

In a few intractable cases I have found the negative pole of a galvanic battery, applied by means of a round button to the erosion, the positive sponge being placed over the abdomen, to produce a marked tendency to cicatrization.

If all means fail, he would pare the erosion with scissors, and unite the raw surfaces with sutures.

2. Laceration of the cervix, unhealed or temporarily healed. In these cases an examination per speculum will generally reveal the presence of a small patch of hyperplastic papillæ or granulations just within the cervical canal. He snips them away with scissors, and sears their base with strong nitric acid, using astringent after-treatment until the surface is healed. So long as the cervical canal gaps, a return is not improb-

able; a permanent cure is therefore only to be had by restoring the integrity of the cervix by trachelorrhaphy.

3. Chronic subinvolution of the uterus. Here he makes application of Churchill's tincture of iodine to the endometrium twice a week during the inter-menstrual period, taking care to make the application thorough by repeating it at the same sitting until any oozing of blood, which may possibly occur, ceases. The usual hot water injections are taken twice daily. These iodine applications should be continued up to the very inception of the flow. He has seldom failed to keep the hemorrhage within bounds by this treatment, which he has always practised at his office. He also gives a pill of ergot, gr. j.; sulph. iron, gr. ij., and strychnine, gr.  $\frac{1}{16}$ , three times daily.

If the flow should still be too profuse, he puts the patient to bed, and after four or five days does not hesitate to check it by the iodine application and firm tamponade, repeated daily until effectual. At the same time he gives rectal suppositories of ergot, three to five grains each, three times daily. In a few cases the fluid extract of viscum album, in teaspoonful doses every two or three hours, has kept the flow in bounds.

Patient and physician should remember that usually several months of the above treatment will be required to insure a permanent benefit or a certain cure.

4. Chronic hyperæmia of the uterus. In this condition he found the above described iodine applications invariably effectual.

5. From retention of blood by flexion or pin-hole external os.

The treatment of this case is perfectly simple. Remove the obstacle to the free discharge of the blood, make the whole uterine canal of equal width, and the menstrual blood will escape from the external os as it is poured out into the uterine cavity, and all discharge will cease as soon as no more blood is exuded. This is best done by making a so-called crucial incision of the external os, dividing the mucous membrane covering the cervix to the length of about one-fourth of an inch, and then trimming off each little flap with fine curved scissors, so as to make the external os funnel-shaped. Then, by stretching the uterine canal with divergent dilators, and, if thought advisable, swabbing it with tincture of iodine, this little operation is completed. Dilatation once a week for several weeks, or even several months, is essential to prevent the orifice from contracting again, and the iodine application may be repeated once or twice, if there be a hemorrhagic tendency in the endometrium.

He lays great stress on the necessity of speculum examinations in all cases of non-puerperal hemorrhage, to ascertain the cause, and cites several cases where women have been for years unavailingly treated, when by ascertaining the cause they were at once relieved.

#### Experimental Investigation of the Action of Chloral, Opium, and Bromide of Potassium.

In an essay on this subject in the *Brit. Med. Jour.*, March 24, 1883, by Dr. Sidney Ringer, Professor of Medicine in University College, London, and Dr. Harrington Sainsbury, the authors

make the following observations on certain well-known drugs, after discussing the physiological effects of the agents mentioned in the title of their paper: "Clinically, the dangers of bromide of potassium and of chloral have been recognized; and thus in our text-books, we find the statements that the presence of grave adynamic symptoms contra-indicate chloral and bromide of potassium. Opium, on the other hand, in such adynamic states, frequently appears to lend actual support. The results of definite experiment we find to accord with the results of clinical experience; and the value of the former lies in that they confirm, and by their definiteness must tend to enforce, the teachings of the latter. The choice of a drug is, however, no simple matter; an advantage here may be outbalanced by a disadvantage there; and practical men may object that they would gladly give opium, but that the disordered stomach, blunted appetite, inactive liver, and torpid intestines, more than outweigh the advantages of opium administration. This clearly is a matter for consideration in the individual case under treatment; and the decision will have to be according as one or other element, asthenia, or derangement of the digestive, etc., powers, is most to be feared. These objections to opium, on the one hand, and chloral and bromide of potassium, on the other hand, raise the question as to whether, in very many cases, a drug, at present rather extensively used, especially in America, viz., bromide of sodium, might not with advantage be substituted in their place. The salts of sodium generally contrast very markedly with those of potassium; for the chlorides, bromides, and iodides of these two metals, the lowest figure would represent the potassium as ten times as active as the sodium. These precise numbers refer to action on the ventricle of the frog's heart (See *Medico-Chirurgical Transactions*, vol. lxxv., concerning the action of the salts of potash, soda, and ammonia, on the frog's heart), but on all hands the evidence is forthcoming that, whilst salts of potassium are very poisonous, those of sodium are very slightly so. One of the marked points of contrast between the two sets of salts to be found in respect of inhibition; potassium salts inhibit the frog's ventricle strongly, sodium salts scarcely at all. Here, however, we are considering drugs as to their cardiac effect; and, in respect of this, sodium bromide would rank far ahead of bromide of potassium, chloral, or opium, as to innocuousness. The objections holding for opium would not apply here, for sodium salts are generally very little disturbing to the tissues. With these advantages the general verdict of clinical experience is to the efficacy of bromide of sodium as a hypnotic, and, indeed, as a substitute for bromide of potassium; and should this position be maintained, it is clear that bromide of sodium will be in very many cases the sedative above all others to be selected."

#### Idiopathic Erysipelas in an Infant.

Dr. J. J. Johnstone reports the following case in the *British Medical Journal*, March 3, 1883:

On June 7, I attended the wife of a farmer in her first confinement. The labor was very tedious, the lady being thirty-five years of age: and I had

eventually to deliver with the forceps. The child was a male, healthy-looking and well developed, and what slight marks the instruments left on the head had disappeared by the following day. On June 25, I was sent for to see the baby, who was suffering from indigestion and disordered bowels. I prescribed a few gray powders with soda, which relieved him for the time. On July 8, I was again asked to visit the child, as he had become very restless, and cried a great deal, as if in pain. I found some puffiness in the left submaxillary region, with slight redness of the skin. The bowels were rather costive, and the stomach irritable, nutriment being frequently, but not invariably, rejected. He had been fed almost exclusively on the breast, the mother having an abundant supply of milk. By the next day (July 9), the redness had become deeper, and had spread itself over the left cheek, the eyelids becoming gradually swollen so as to close the eye. On the 10th, the whole of the left side of the head and neck had become affected, and the right submaxillary region showed signs of participating in the disease. The redness and oedema spread rapidly over the right side of the face and head, while the disease receded from the left side, so that by the evening of the 12th the right side of the head and neck was completely involved, the left having to a considerable extent regained its normal appearance. The inflammatory blush invaded, but not to any marked degree, the upper part of the chest and arms. On the evening of the 13th, the left side of the face once more became affected, and the little sufferer sank from exhaustion on the 14th. The pupils acted alike throughout the illness, and there was no strabismus. Internal remedies seemed to afford little relief; but the external application of warm lead lotion on lint covered with gutta-percha tissue appeared to give ease. I may mention that the father of the child died six weeks after his son's decease, from tubercular phthisis of nearly four years' duration. The mother, a half-cousin of her husband, belonged to a consumptive family, but seemed to be quite sound herself.

#### Spina's Attack on Koch.

Dr. E. E. Saltler gives in the *Clin. Lan. and Clinic* the following summary of an attack recently made on Koch by Dr. Arnold Spina, of Vienna, one of Prof. Stricker's assistants;

*First.*—Dr. Spina denies the statements of Koch and Ehrlich, that solutions of the aniline dyes must react alkaline in order to stain the so-called bacillus tuberculosis, and also that acids and aqueous solutions of vesusin do not enter the bacilli.

*Second.*—He denies that bacteria, which stand in no causal relations to tuberculosis, react in a different way with coloring matter from the bacilli found by Koch.

*Third.*—He denies the statement of Koch that the bacilli of tuberculosis occur constantly in the tuberculous organs of man. He found that this statement was too far-reaching, and in many cases examined he never found any bacilli. As regards the bacilli in sputa, his results agree essentially with those of Koch.

*Fourth.*—He was never able to find bacilli in the tubercles which stood in no connection with the

open air—the serous membranes of the body. He says, “I have examined about one hundred and fifty mesenteric and omental tubercles, in the most various stages of their development, according to Koch’s and Ehrlich’s method, and found bacilli in not one case.”

*Fifth.*—He also criticises the insulation experiments made by Koch with purified bacilli, and says that the specific character of tuberculosis has not been proved by them. He calls attention to the history of inoculation experiments; the conflicting results, the negative and positive results of inoculations with tuberculous matter and indifferent substances, and also gives the results he obtained by inoculations with purified bacilli.

*Sixth.*—He concludes by saying that the bacilli of tuberculosis are the result, not the cause of the disease.

#### The Disinfection of Tubercle.

The *Lancet*, January 27, 1883, says that M. Vallin has been experimenting on this subject, and has communicated his results to the Académie de Médecine. Fragments of tubercular pulmonary tissue removed from the body of a man who had died of phthisis were well mixed with distilled water, and fifty centigrammes of the filtered liquid were injected into the peritoneal cavity of a guinea-pig. No inflammation was produced, but at the end of a few weeks the animal began to lose flesh, and died at the end of the fourth month. The liver, spleen, and lungs were full of granulations and grey masses, transmissible by inoculation. It was this secondary tubercular substance which supplied the material for the inoculation experiments. With distilled water, an infusion of caseous fragments of the organs was made, and a sheet of filtering paper was saturated with the liquid and then allowed to dry. It was then cut up in strips of the same width, each of which would yield, to a small quantity of water, a similar dose of the virus. Preliminary experiments showed that the inoculation of this produced tubercle with certainty. Some strips of the paper were exposed to the action of various disinfectants. In a chamber, fifty cubic metres in area, strips were exposed to the fumes of sulphur for twenty-four hours. The results showed that it was necessary to burn twenty grammes of sulphur in this chamber, to render the virus innocuous. When the quantity burned was less than twenty grammes, the animals usually died tuberculous. Boiling water was found invariably to secure immunity, and so also did corrosive sublimate in a solution of one per thousand. The conclusion M. Vallin draws from the experiments is, that it would be well every year to purify by sulphurous fumigation all prisons, barracks, hospitals, and schools.

#### Inversion of the Sexual Sense.

The *Journal of Nervous and Mental Diseases*, January, 1883, says that under this title Charcot and Magnan (*Archives de Neurologie*, November 3, 1882) report six cases of imperative conceptions respecting sexual matters, which they consider allied to the sexual perversion of the Germans. The first case was that of a masturbator, a physician, who

felt drawn to the anal region of females and clothed children for sexual gratification; the naked bodies were repugnant to him. He was disgusted with the idea of pæderasty and sexual intercourse; there was strong heredity in the case. In the second case there was also strong heredity, and the patient felt sexually attracted by the nails of women’s shoes, concerning which he constructed elaborate romances, and masturbated while gloating over these. The third case also had hereditary defect, and felt sexually attracted by white table-cloths, several of which he stole and was punished for so doing. The fourth patient, also a victim of hereditary defect, was unable to copulate with a woman unless her hair was dressed in a certain way, and she had a night-cap on. The other cases were victims of nymphomaniacal impulses. There is, it will be obvious, very little in common between these cases and sexual perversion as described by Gock, Servaes, Krüg, Krafft-Ebing, Ulrichs, and others. Dr. Hammond (“Diseases of the Nervous System”) has described a case where shoes were the attraction, and Van Buren and Keyes (“Venereal Diseases”) a case where a man was impotent except with women dressed in a peculiar style. As might be expected, impulses of this character are very frequent among hebephreniacs.

#### Ligature of the Bile Duct.

The *Practitioner* March 1883 says that Beloussow has studied this subject under the direction of Cohnheim and Weigert. He experimented upon rabbits, guinea-pigs, and dogs. The longest time that any animal survived was eighteen days. The liver was jaundiced and slightly enlarged. In its substance were seen yellowish gray spots, varying from the size of a pin’s head to a pea. These were most numerous from the first to the sixth day. The microscopic examination showed them to represent a partial necrosis of the liver substance caused by the pressure of the bile. Around these nodules appeared a zone of reactive inflammation, with the formation of young connective tissue in which were newly-formed bile-ducts. This new tissue gradually replaced the necrotic portions entirely. In this way is to be explained the cirrhosis of the liver observed by earlier experimenters (Wickham, Legg, Charcot, Gombault, and others) after the ligature of the ductus choledochus. This occurred in entirely aseptic cases, and was in no way to be connected with any inflammation starting from the point of ligature and following up the course of the bile-ducts. Kelsch (*Rev. de Méd.*, 1881) records two cases where the retætion of bile was followed by cirrhosis—one following closure of the duct by cholelithiasis and cancer of the gall-bladder, the other in which a dilation of the bile-ducts was found without any formation of concretions.

#### Inosuria.

From the *Medical Record*, March 31, 1883, we learn that Dr. Cochet concludes a thesis on this subject in the *Journal de Médecine de Paris*, January 13, 1883, as follows:

1. Inosite (muscle sugar) is never met with in normal urine.



2. Urine containing inosite may also contain albumen or ordinary glucose. In some cases, however, the glucose disappears entirely, and is replaced for a time by inosite, or vice versa.

3. Thus inosuria is not a separated disease, but is a symptom which may be met with in Bright's disease or diabetes.

4. Whenever we find inosite in the urine, we have to do with diabetes or albuminuria. The patient is exposed to the same dangers, and the effects of injuries are equally grave.

5. Since inosuria may supervene upon glycosuria, it adds another difficulty to the diagnosis of the latter. For inosite does not turn the plane of polarization, neither does it give the characteristic chemical reactions of glucose.

6. Inosuria is to be suspected when the urine, boiled with Fehling's solution, throws down a flocculent precipitate of a greenish color. But certainty is only obtainable by a thorough qualitative analysis.

7. It is of great importance to remember that a patient with inosuria is really the subject of Bright's disease or diabetes, in view of the gravity of operations or of wounds in general in such patients.

#### The Action of Quinine on the Ear.

Dr. J. Orne Green thus concludes a paper on this subject in the *Boston Med. and Surg. Jour.*, March 8th, 1883:

(1) Clinical experience the world over is that quinine occasionally produces serious injury to the ears.

(2) From our present knowledge, both clinical and experimental, we are justified in asserting that the action of quinine upon the ears is to produce congestion of the labyrinth and tympanum, and sometimes distinct inflammation with permanent tissue changes.

(3) That the action of the drug upon the ears should always be considered in prescribing it, and changes in the ears, due to existing or previous inflammation of those organs, constitute a contra-indication to the medicine in large doses or for a long time except under urgent circumstances.

(4) That where large and continuous doses are absolutely necessary an occasional intermission of the administration is desirable, if possible, to diminish the risks to the ears.

#### Bilharzia Hæmatobia.

The *Lancet*, March 3, 1883, tells us that an interesting contribution to our knowledge of the *Bilharzia hæmatobia*, and its influence on those parts of the human body which it infests, has been recently published by Dr. Zancarol, of Alexandria. As our readers know, the adult worms, which are of separate sexes, inhabit the veins not only of the urinary but also of the digestive tracts. It has been said that the changes so frequently found in the kidneys are the direct result of the presence of the parasite. Dr. Zancarol opposes this view: he points out that the ova and embryos are chiefly confined to the lower quarters of the urinary passages, and believes that the renal alterations are secondary to cystitis. Specimens of kidneys and other parts of the urinary tract

were demonstrated before La Société Médicale des Hôpitaux de Paris, together with microscopical preparations taken from a man who died with the symptoms of uræmia. The right kidney was in a state of marked hydronephrosis. The left kidney showed much fibroid overgrowth in places. The walls of the ureters were notably thickened. The ova of the nematode were detected in but small numbers in the most superficial part of the vesical mucous membrane. A second demonstration was given of the intestines removed from a man who had suffered during life from chronic intestinal ulceration. The surface of the sigmoid flexure was studded with vegetations which, in the fresh state, had the appearance of internal hæmorrhoids. These elevations were found, on microscopical examination, to consist of folds of the mucous membrane, the meshes of the stroma of which were stuffed with the eggs of the parasite. Dr. Zancarol stated that ova from the intestines have a spine which is situated laterally, whilst those from the urinary passages have a terminal one.

#### Perchloride of Iron in Skin Diseases.

In the *Rev. Clin. di Bologna*, Dr. Carsarini thus sums up his experience:

1. Perchloride of iron is a most efficacious remedy in purpura hæmorrhagica.

2. In the chloro-æmia accompanying certain skin diseases—as rupia, eczema, impetigo, etc.

3. Its external use is very favorable in scrofulous and syphilitic ulcers.

4. Squamous affections are markedly modified by applications of a liniment of perchloride of iron.

5. It may be used as a lotion, dissolved in two or three parts of water, or as an ointment—one, two, or three grains of perchloride of iron to thirty grains of vaseline [cosmoline] or lard. The author has used it in psoriasis, in the form of a pomade—ten grains of iron, thirty grains of lard or glycerine.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—A well-printed photograph of a microscopic section accompanies the reprint of an article in the *Glasgow Medical Journal*, March, 1883. The article is on the photography of microscopic sections, and is by Dr. James Whitson, who is making a special study of the best photographic methods of reproducing such sections.

—The St. Clair, Michigan, Mineral Spring, sends a pamphlet of 112 pages, describing the sanitary, therapeutic and other advantages to be derived from a visit to that locality. Of course, the pamphlet has been "written up" for an avowed purpose, and hence has no scientific interest. We still need in this country an honest study of our national resources in medicinal waters.

—Dr. Walter A. Taylor, of Atlanta, Ga., has written a pleasant little pamphlet entitled "Sesqui-Centennial Oglethorpe Souvenir."

—The various applications of iodoform in ophthalmic practice is the subject of a valuable paper by Dr. M. Landesberg, of this city, reprinted from the *Centralblatt für praktische Augenheilkunde*.

—The Doctorate address delivered at the recent commencement of the Rush Medical College, Chicago, by Prof. Moses Gunn, is on the general subject of medical ethics, and is well worth reading as a contribution to progressive thought on this vexed subject (pp. 17).

—The thirtieth annual report of the Pennsylvania Training School for Feeble Minded Children, at Media, Pa., contained a number of facts of interest in connection with this excellent institution, and the training of its patients. The Superintendent, Dr. Isaac N. Kerlin, has identified himself with the progress of this branch of medical study in this country, and the establishment under his charge is a model for all of the kind, anywhere.

—Part V. of Dr. Isaac Ott's "Contributions to Physiology," contains a number of curious observations on the poison of the rattlesnake and copperhead, on the action of drugs on plant growth, and on the physiological influence of several therapeutic agents. To be had of the author, Easton, Pa.

—An excellent article, reprinted from the *Glasgow Medical Journal*, and written by Dr. James Whitson, is on some of the advances which have been made in surgery during the last decade. We allow ourselves one extract:

A totally different method of dealing with abscesses is now carried out as compared with the practice of even recent years. Formerly, after incising the cavity and pressing out the contents, the case, with the exception of frequent syringing, was almost entirely left to nature, while recovery in most instances was tedious. At the present time, and with antiseptic precautions, a much more vigorous line of treatment is adopted, and we have no hesitation in removing the pyogenic membrane *en masse*, interference with which older surgeons looked on with disfavor. In order to accomplish this, we make use of Volkmann's spoon, and if the whole of the inflammatory products contained in the cavity are scraped out, two healthy surfaces are left opposed to each other, and which speedily becoming covered with granulations soon coalesce. During the process of healing the less the parts are disturbed the better, and syringing the cavity irritates the tissues composing its walls, and leads to increased discharge—while the progress of cicatrization is interfered with, and as a natural consequence recovery, instead of being accelerated, is considerably retarded.

## BOOK NOTICES.

**A Manual of Chemical Analysis as Applied to the Examination of Medical Chemicals.** Third edition. By Frederick Hoffman, A. M., Ph. D., etc., and Frederick B. Power, Ph. D., etc. Philadelphia: H. C. Lea's Son & Co., 1883. Clo., 8vo., pp. 622.

This standard treatise appears in a third edition completely revised, rewritten, in fact, and brought up to the requirements of the latest issues of the United States and German Pharmacopœias. Its purpose is to furnish an accurate guide for the determination of the identity and quality of drugs and chemicals, and the detection of the impurities and the adulterations to which they are subject, either through accident, ignorance, or fraudulent design. No better guide for this purpose is known to us, and the methods and tests recommended by the authors have been thoroughly examined and repeatedly tried, so that they can be relied upon as the most exact now to be found. The work is somewhat illustrated, and is carefully and neatly printed. It will, no doubt, continue to enjoy the favor with which it has been received already for more than a decade. Certainly the authors have done all in their power to deserve it.

**The Physician Himself, and What He Should Add to His Scientific Acquirements.** By D. W. Cathell, M. D. Third Edition. Baltimore, 1883. Price, \$1.25.

It gives us pleasure to chronicle the appearance of the third edition of this meritorious work. The author has availed himself of the opportunity to revise it carefully, and has amended a number of points and expanded others. No doubt he will continue to find for it a large and appreciative circle of readers.

**The Untoward Effects of Drugs, a Pharmacological and Clinical Manual,** by Dr. L. Lewin, Docent in the University of Berlin. Translated by J. J. Mulheron, M. D. Second Edition, revised and enlarged. Detroit, Michigan: Geo. S. Davis. Price, 82.

This valuable monograph has very properly reached a second edition at an early period in its history. The subject it treats of is one that few practitioners have not had painful experience in, and is therefore of very general interest. It is needless to say that the author treats it with great skill, and from the results of close study and observation. The present edition has been thoroughly revised, and contains also matter additional to the former one.

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ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,  
JOSEPH F. EDWARDS, M. D., } EDITORS.

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With January 1st, 1883, the COMPENDIUM OF MEDICAL SCIENCE, formerly published half yearly, has been commenced as a *quarterly*, to be issued on the 1st of January, April, July, and October.

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PREGNANCY NEPHRITIS.

A lecture on this interesting subject was delivered by Dr. Reginald Southey, which we find in the *Lancet*, January 13th, 1883.

The disorder assails women, previously healthy, in sequence to their becoming pregnant; begins insidiously, without fever or pain, and proceeds to some grave symptom—rapid general dropsy, sudden convulsion, uræmia or cerebral disturbance—before the patient is aware that anything serious is the matter with her. Mere albumen in the urine of a pregnant woman does not necessarily signify pregnancy nephritis. Abeille\* found albumen in one out of every ten pregnant women. Dr. Roberts, consolidating the statistics of several observers, infers the liability of pregnant women with albuminous urine to eclampsia to be about one in four. The nearer to its natural term the pregnancy is conducted, the more likely, in these albuminous cases, is eclampsia to supervene. The subjects of pregnancy nephritis who are prematurely confined most probably escape the eclamptic complication. There are valuable figures collected by Von Wiegner, who tabulated 455 cases showing that the convulsions preceded the commencement of labor in 109 instances, attended the act of parturition in 236, and followed its completion in 110. He describes a typical case, in which, besides general anasarca and dropsy, the countenance was dusky, lips livid, mental condition apathetic and drowsy. Pulse, 72; respiration, 28; temperature, 98.4°, tongue furred and bluish; appetite bad; bowels open; solid action; urine scanty, sp. gr. 1028, high colored and containing one quarter its volume of albumen. The sight was bad. The fifth day after admission she gave birth to a dead fetus; the after-birth came away naturally, and she lost very little blood. The general oedema rapidly subsided; her appetite improved, and for about a week, she passed daily large quantities of urine, some days as high as 132 ounces, while the sp. gr. fell, and the albumen diminished rapidly. All albumen had disappeared within a week after delivery. She took a steel mixture during convalescence and was

\* *Traité des Maladies albumineuses.* Paris, 1863.

discharged, quite well, and with no complaint about her sight, one month after delivery. There are several forms of pregnancy nephritis.

1. There is eclampsia parturientium, a series of epileptic convulsions concurring with the act of parturition, and coinciding with highly albuminous scanty urine, or with anuria (total defect of urine), preceded by no well-defined or usually noticed symptoms of renal disease, for neither slight nor severe anasarca of the legs attending the later months of pregnancy can be accepted as incriminating evidence of prior or primary renal disease. 2. There is chronic Bright's disease, chronic insidious parenchymatous diffuse nephritis, complicated by pregnancy, quickened and rendered more imminently dangerous by uræmic symptoms, or local inflammatory complications, *pari passu* with each week of advancing pregnancy. 3. There is pregnancy nephritis proper, a cortical glandular nephritis, an acute change in the nutrition of the renal epithelium, which commences sometimes as early as the third month of pregnancy, but more often in the sixth, and is attended by diminished urination, albuminuria, anasarca of face and limbs, retinal symptoms, uræmic symptoms, vomiting, neuralgia, lung oedema, asthma, mental perturbation phenomena, convulsions, and sometimes death; but is usually suddenly terminated by premature delivery and subsequent profuse diuresis, and complete recovery.

The case described belonged to the last class. In favor of mere mechanical pressure as its cause are the established statistical facts: (1) That this nephritis happens mainly, if not only, in the latter months of pregnancy; (2) that it affects primiparæ principally; (3) that it complicates twin rather than single pregnancy; and (4) that the anasarca and albuminuria subside rapidly after parturition.

Still there are so many conflicting views held by high authorities, concerning its causation, that we must consider the matter *sub judice*.

The prognosis in the latter class is good, unless they become pregnant again, when the same nephritis is apt to repeat itself. Further experience

teaches us that while with each succeeding pregnancy, dropsy, albuminaria, and uræmic complications recur, the woman becomes more tolerant of her fœtus, the nephritis is continued for a longer time, and the damage to the kidney is more extensive and more apt to pass on to chronic nephritis when delivery is over. He records one case in a relative of his own, who suffered pregnancy nephritis with three successive pregnancies. The first fœtus was born somewhere short of the sixth month, but had been dead six weeks at least; the second was born in the seventh month, dead; the last was carried to term, born alive, and is now alive. Between the first two pregnancies all albumen disappeared from her urine; after her last pregnancy and delivery, albumen remained persistent until her death by uræmia.

*Advice upon treatment.*—Distinguish between the three varieties of pregnancy nephritis already noticed. Eclampsia parturientium with albuminous urine, but without notable dropsy, is relieved by chloroform, chloral, amyl nitrite, nitro-glycerine, blood-letting, warm baths, by all those things which relieve spasm, by completed delivery. Chronic Bright's disease, complicated by pregnancy, is best treated upon the ordinary plan for Bright's disease, and its several accidents, by hot baths, warmth, careful dietary, gentle purgation. True pregnancy nephritis demands the induction of premature labor, the earlier the better, and requires that the medical man should plainly inform his patient of the risks to life entailed by any future pregnancy. The dropsy may also require relief by draining with fine canulas, to avoid the risks of laceration of the genitalia and invitation of septicæmia.

#### A TERRIBLE EPIDEMIC OF INTERMITTENT FEVER AND ITS CAUSE.

Dr. Bennett, a deputy sanitary commissioner, has just filed his report of an epidemic of intermittent fever occurring in the city of Amritsar, in the province of the Punjab, in the autumn of 1881. The total deaths were 6,859, of which 3,531 occurred in children under twelve years of age. As many as 10,000 cases were under treat-



ment in one day. From the *British Medical Journal*, March 24, 1883, we note that Dr. Bennett unhesitatingly attributes the outbreak to an excessive rainfall, obstructed drainage, and water-logging of the soil. During the months of July and August, a fall of thirty-eight inches was registered, being twenty-four inches above the average of the previous ten years; while that for September was under the usual average. In consequence of this excessive downpour, a large portion of the ground about the city was covered with water, and that in the city wells rose to about six feet from the surface. Indeed, in one portion, where both the drainage and outfall are extremely defective, the water in several of the wells actually rose to a level with the ground. After this inordinate rainfall, the atmosphere was heavy and moist to an unusual degree; while, from the damp soil, drying up under the influence of a hot sun—the ground-water at the same time beginning to subside—organic emanations from the decomposing animal and vegetable matter contained in it, must have been given off in great abundance. Many intelligent natives blamed the well-water as being one of the main causes of the outbreak. Analysis showed that the well-water must have been polluted with organic impurities; a fact, however, for the proof of which chemistry was hardly needed to any one acquainted with the character and surroundings of Indian compounds. No doubt, one of the chief causes influencing the mortality was the injurious effects of great alternations of temperature. In October, especially during the latter part of the month, cold dewy nights were superadded, when bronchitis, pneumonia, diarrhoea, and dysentery became frequent concomitants of the sequelae, and not unfrequently proved fatal. Another cause which materially tended to swell the death-rate was unsuitable and deficient clothing; an evil much aggravated by the custom prevalent amongst the populace of sleeping on the ground with, as a rule, only a thin cotton sheet pulled over them, or a mat intervening between their bodies and the cold, damp floor.

#### A WORD ON THE TREATMENT OF SYPHILIS.

We are gradually growing to look with less and less dread and caution upon the disastrous effects of mercury when syphilis does not exist, and as we do so, we are less afraid to employ it.

It would seem, therefore, that whenever a patient comes under observation who confesses to having had, or where there exists any reasons to suspect that he or she may have had syphilis at some period more or less remote, we are justified in giving specific treatment.

We have seen an eight-ounce mixture, containing  $\frac{1}{8}$  grain of the biniodide of mercury and 80 grains of iodide of potassium taken by a patient in whom there was only the slightest possible suspicion of a remote infection, without any result, good or bad, being manifest.

While we do not recommend the indiscriminate use of mercury and potassium, yet we hold that the ramifications of syphilis are so numerous and so intricate, that in many obscure and obstinate cases of departure from health, where we can carefully watch their effects, they will often prove useful where all other means fail.

These words are suggested by a case recently reported by Dr. R. B. Davy in the *Cinn. Lan. and Clin.*, March 31, 1883.

The patient was a highly respectable gentleman, aged 70, who had an ugly and intractable ulcer on his leg, which resisted all treatment until he was given iodide of potassium and bichloride of mercury, when it kindly and rapidly healed.

He then admitted having had a chancre fifty years before, followed by constitutional symptoms, and that every ten years since he had return of the manifestations, which always yielded readily to specific treatment.

By bearing in mind the great prevalence of the syphilitic poison, its liability to recur, the profound influence it exerts on diseased conditions, and the comparative innocence of carefully watched specific treatment, we will frequently be enabled to secure good results where hitherto we have failed.

**IT SERVED THEM RIGHT.**

The value of intelligent sanitary legislation and the penalties of its neglect are every now and then made painfully apparent to all.

The latest instance comes from North Carolina, and we note the following from the *North Carolina Medical Journal*, for March, 1883:

"In our remarks on the defeat of public health legislation, (February) we hinted at the shocking violation of decency and sanitary rules, constantly practiced in the Capitol. Since then we get news of some of the practical results of these abuses in the serious illness of two clerks employed at the Capitol. Their disease is typhoid fever, and there is at present no doubt that the cause of the disease is directly due to the unhealthful conditions of the atmosphere in which they worked.

It is shameful, that of the number of representative assembled at Raleigh during this winter, that not a man raised his voice in condemnation of the filthy practices there enacted.

If ever a State needed the sanitary advice of a board of health, and a one-man power to execute unflinchingly this advice, that State is North Carolina.

The victims of the pestilence-breeding air have our earnest sympathy, and we only wish that it could have fallen to the lot of members of the Legislature, instead of the innocent; then, perhaps, we would have had a sanitary reform inaugurated in the future."

While we sympathize with any sick person, yet we repeat, "it served them right"; for they helped to put in power these very men, who so shamefully neglect the most important duty they owe their fellow-men.

**MORE ABOUT THE ELECTRIC LIGHT IN SURGERY.**

From the *Brit. Med. Jour.*, January 27, 1883, we learn that the incandescent electric light has been lately adopted by a few surgeons for operations about the mouth, and that dentists are likely to find it exceedingly useful. The globe containing the incandescent material is enclosed in another globe, and mounted on a handle of suitable form; after its introduction into the mouth, the circuit can be closed, and the light immediately obtained. The light is extremely pure and clear, and all shadows are cast down and away from the operator. It is calculated to be exceedingly useful for operations for cleft palate. The amount of electricity required to be stored is not great, as the light is only maintained for the time that the operator actually requires; and Faure's accumu-

lators, which are already a commercial product, are well adapted for the purpose.

**NOTES AND COMMENTS.****Small and Frequent Doses.**

M. W. Vaudenburg, M. D., writes a letter to the *N. Y. Med. Jour.*, March 10th, 1883, which contains some pertinent points, principally gleaned from a lecture by Prof. A. A. Smith, in the same journal for February 10th:

"Urticaria is often caused by the administration of full doses of balsam of copaiba. \* \* \* A single drop of the same drug given every half hour will sometimes control urticaria."

As is well known, arsenic in large doses produces vomiting; half a drop of Fowler's solution, every half hour, will relieve vomiting following a debauch, also the vomiting of drunkards. Such is the case with ipecacuanha. Minute doses of calomel are efficacious in infantile diarrhoea.

A single drop tinct. nux vom. every ten minutes relieves sick headache not of neurotic origin. In larger doses the stomach is disturbed.

Large doses of cantharides will cause inflammation of the urinary tract; a drop of the tincture every hour will not infrequently relieve vesical catarrh.

We all know how pleasantly castor oil acts in diarrhoeas of children, the dose however must be small. The letter concludes thus:

"Copaiba produces and cures urticaria; arsenic causes and cures vomiting from more or less acute gastritis; atropia causes and cures a false croup; ipeca causes and cures vomiting from great nausea; it also causes and cures a certain kind of diarrhoea, and to this may be added that the diarrhoea is most frequently accompanied by nausea; calomel causes and cures night headaches; it also causes and cures vomiting, also diarrhoea; corrosive sublimate causes and cures diarrhoea, marked by tokens of acute inflammation; tartar emetic causes and cures a discharge from the bronchi; cantharides causes and cures acute cystitis; castor oil causes and cures diarrhoea with jelly-like passages. In every candid mind the question cannot help arising, are these twelve drugs, so widely different in their nature and physiological effects, acting as they do on so many different parts of the organism, the only ones subject to these generalizations?

"Clinically demonstrated facts are in order. What is the breadth of these generalizations?"

### Cysto-Abdominalorrhaphy.

Surgeons do not agree as to the best method of dealing with supra-pubic incision of the bladder. A safe operation, as set forth by Alex. W. Stein, M. D., (*Medical Record*, March 17, 1883,) is to bring the bladder wound in apposition and in union with the abdominal wound. As this procedure has been carried out but once in the human subject, Dr. Stein experimented eight times upon dogs, and when we reflect that the bladder in dogs is covered on all sides by peritoneum, it will be seen that the operation in these cases was intra-peritoneal.

In three cases union by first intention was not obtained, but adhesions prevented the escape of urine into the peritoneal cavity; in one experiment, two-thirds of the incision healed by first intention; the three other experiments of healing by first intention was secured throughout; in one case a fistulous tract remained.

In all cases the autopsy revealed firm adhesions between bladder and anterior abdominal wall. Some hypertrophy of the bladder wall was also noticed, caused, possibly, by the abnormal attachments of the viscus.

It may be said that the eight experiments were successful. In man, perfect quiet, the recumbent position, constant drainage of bladder by catheter, Listerism, etc., are available factors which will contribute vastly to a speedy recovery of a cysto-abdominalorrhaphy.

### Galvanic Treatment of Locomotor Ataxia.

There are many authorities who believe that the starting-point of posterior sclerosis had to be searched for in the brain, and not in the spinal cord. Dr. W. B. Neftel is one of these, and if we are to judge from the result of his electrical treatment based upon this opinion, the latter will have to be considered the correct one. N. reported some years ago cases treated after his method (Cbl., 1882, p. 536), and recently he has published again a series of cases, in whom he galvanized the brain for several months in succession (Cbl., 1882, p. 864). The ascending constant current is applied to the spine first stabile then labile. The earliest stages should, according to N., be treated for months. N. made the new observation, which is the main cause that we mention his method here, that contrary to the normal condition, viz., the excitability of sensory fibres is by the kathode more intense than by the anode. The opposite takes place frequently in persons suffering from tabes dorsalis. In the course of treatment, together with diminution of pains

and of the ataxia, the normal reaction may return. Should this observation of N. be confirmed, the peculiar electrical reaction mentioned may become an important point in differential diagnosis in doubtful cases, and especially in such of recent origin.

### The Salicylates and Hemorrhages in Enteric Fever.

In our issue of March 31, we made reference to this subject. In answer to the statements therein made, Dr. Henry Tomkins thus writes to the *British Medical Journal*:

In the *Journal* for February 17, appears a communication from Dr. Fergusson, of Perth, suggesting that the use of the salicylates in enteric fever is attended with increased liability to intestinal hemorrhages, and asking that other observers should record their experience on this point. Having used this agent for the reduction of the temperature in typhoid fever very extensively during the past four years, I am in a position to state, from my own observations, that such is not the case here. I am constantly in the habit of prescribing ten to twenty grains every two hours whenever the temperature remains continuously at 103° or thereabouts, and have for some time been struck with the fact that the intestinal irritation, as shown by diarrhoea, is actually lessened. This point is alluded to in a paper on the subject, published by me in 1881, where a detailed account of the results obtained in forty-six cases of a severe character will be found. Since that time, I have treated a much larger number in the same manner, which I hope shortly to publish as a continuation of the former series.

### Indian Treatment of Syphilis.

We can often learn many valuable therapeutic points from "old women," why can we not do likewise from those, who possessing no regular physicians, must cure their ills by the teachings of unaided experience. In the *British Medical Journal*, March 10, 1883, Dr. J. Marion Sims thus relates the preparation of a decoction that has been used with great success in the treatment of syphilis among the Creek Indians:

"Fluid extract of *smilax sarsaparilla*, fluid extract of *stillingia sylvatica* (queen's delight), fluid extract of *lyppa minor* (burdock), fluid extract of *phytolacca decandra* (poke root), ãã Ñ ij.; tincture of *xanthoxylum carolinianum* (prickly ash), Ñ j. Take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses.

"In making the fluid extracts, there is some

risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods. In making the fluid extracts, we should therefore be careful to have them made from roots recently gathered."

#### Illustrations of Rare Skin Diseases.

At a recent meeting of the Academy of Medicine in Ireland (*Dublin Jour. Med. Sci.*, January 1883), Dr. A. W. Fort presented the following:

(1) Photographs of pachydermatocele (von Mott), taken from a woman, married, aged thirty, never out of Ireland. The disease had existed nine years; origin attributed to a severe wetting, followed by irritation of the inguinal glands; nates and genital organs unaffected. Died four days after the removal of the large mass springing from the posterior femoral region.

(2) Drawing of ichthyosis vera, from a peasant boy, aged eleven, affected from early life, but not born so. Discharged from hospital free from scab, scale, or roughness after five weeks' treatment, consisting of warm baths, cod-liver oil internally, inunction of a compound of isinglass and glycerine.

(3) Drawing of diffuse melanomata from a washerwoman aged fifty-seven, whose right eye was excised for melanosis. Five years afterwards she was studded all over with melanotic tumors of various sizes.

#### Pregnancy with Occluded Vagina.

The *Med. Times and Gaz.*, January 27, 1883, says that Dr. Hyernaux, Surgeon of the Brussels Maternity, communicated to the Belgian Royal Academy of Medicine (*Presse Médicale Belge.*, 1882, No. 45), a remarkable case of a woman aged twenty, who was brought to the Maternity with what seemed commencing pains of labor. On examination an imperforate hymen was found to exist, through which no aperture could for a long time be detected, until at last the rounded extremity of a very fine probe passed into an extremely minute one. The hymen was incised, and found to be five millimetres in thickness. The finger was then introduced into the vagina, which was quite free, and the presentation of the fetal head with a thin os uteri detected. Labor did not come on until a week later, when it terminated naturally in a few hours with a girl weighing 2800 grammes. It seems the young woman

had, when she was seventeen years of age, undergone a puncture of the hymen for the discharge of menstrual fluid, and since that time she had, until [the period of conception, a slight monthly discharge.

#### Cæsarian Operation.

Dr. G. Leopold performed recently the Cæsarian operation on a woman æt. 29 (*Arch. f. Gyn.* xix. p. 400). Cause: generally narrowed rachitic pelvis to a high degree, the form of the pelvis being that of a blunted card-heart. The operation which was made according to the modified procedure of Säger (compare *Arch. f. Gyn.* xix. H. 2.) was successful for both mother and child. L. dissected off after removal of child and placenta the serosa of the uterus on each side of the longitudinal cut to a distance of one ctm., and then resected from the cut a triangular piece of the muscularis uteri, similarly as it is now usually made in the amputatio supra vaginalis uteri fibromatosi. The suture was performed in such a manner, that the silver wire penetrated deeply through the serosa up to the decidua and the dissected pieces of the serosa were laid between the margins of the wound. Besides there were made many superficial silk sutures uniting the serosa. L. is of the opinion that the modified procedure of Säger will limit more and more the operation of Porro, which will find application in only a few well-selected cases.

#### Resection of the Stomach.

This operation cannot be classed among the successes of surgery. In a summary of the cases in the *Lancet*, March 24, 1883, we note the following points: Pylorotomy or partial gastrectomy has been performed twenty-nine times, once in 1879, once in 1880, fourteen times in 1881, and thirteen times in 1882. Twenty-three succumbed shortly after the operation, none living more than eight days. In one case of so-called cure, a recurrence of disease (cancer) occurred at the end of four months; in another the patient was in good health two months after the operation, but no further information is forthcoming of the remainder.

#### Edema Uvula Threatening Life.

Dr. Charles H. Carter, of Chicago, reports in the *Medical News*, March 31, 1883, the case of a boy aged 19, who was apparently suffering with a simple pharyngitis, for which a seidlitz powder and a chlorate of potash gargle were ordered. In



a few hours he was summoned in great haste, to find the patient choking and gasping for breath. An examination revealed the uvula so swollen that it completely filled the whole inter-tonsillar space, and pressed hard upon the dorsum of the tongue, and as he could not breathe through his nose, the uvula and palate evidently closed that passage also. The uvula was so distended as to be almost transparent. The swelling was freely punctured with a bistoury, with immediate relief. Tannic acid was added to the gargle. A bilateral suppurative tonsillitis followed, which ran a typical course and ended in recovery in two weeks.

#### Probable Tubal Pregnancy.

To the Obstetrical Society of New York (*New York Med. Jour.*, January 28, 1883) Dr. Hanks said that he had been called in consultation by Dr. Bradsdow to see a multipara who should have menstruated on the 16th of October, and who very soon after felt pain in the region of the left ovary. When he saw her, which was about the 1st of November, she was losing considerable blood. He ordered ergot and opium, and directed the vagina to be tamponed. Afterward, on removing the tampon, a very small ovum, with the membranes, was discovered in the blood which had been discharged. The depth of the uterus in the direction of the right ovary was about three inches, while in the direction of the left ovary the depth was four and a half inches, which would seem to indicate tubal pregnancy on the left side.

#### Cardiac Aspiration.

Of all bold surgery, the boldest seems to be the absolute invasion of the sacred walls of the heart with sharp steel; yet such is done. In the *Med. Record*, March 10th, 1883, Dr. F. M. Corwin describes a case of chronic nephritis and cardiac hypertrophy, where because hydropericardium was suspected, a hypodermic syringe was plunged into the right ventricle and an ounce of dark venous blood drawn up into the syringe. There were no bad results, and when the patient died, two days later, an echymosis was found at the seat of puncture. Dr. C. says he has frequently performed cardiac aspiration, but never saw any benefit. Let us utter a word of caution, lest we have some suits for manslaughter among our ranks.

#### External Hemorrhoids.

According to the *Drug Cir.*, Dr. Blascho, of Berlin recommends compresses soaked in a one per

cent. solution of ergotin to be applied hourly. D. Pasqua, of Florence, gives the following ointment as infallible: Extract of Belladonna, gr. v., iodoform, acetate of lead, aa gr. j; petroleum jelly,  $\frac{3}{4}$  j. Make into an ointment, to be applied three or four times a day.

#### Signs of Convalescence in Typhoid and Scarlet Fever.

*La France Médicale* says that, according to a communication received from Dr. Chauffard, the occurrence of multiple superficial abscesses and that of polyuria are two signs of convalescence in typhoid fever. The *Lyon Médical* states that M. Manjot, in giving a description of an epidemic of scarlet fever at Belley, said the defervescence was always marked by an extraordinary slowness of the pulse. This slowness could not be attributed to a nervous or cardiac lesion, nor to the treatment or any toxic influence. It appeared on the fifth or sixth day, when the eruption began to fade, and continued during the desquamative stage until convalescence. The pulse fell to 44 and 46 for eight or ten days, and then slowly rose to 60. The slowing was a sign of near recovery.

#### An Alternative Tonic.

The following is said to be Dr. Goodell's favorite mixture:

R	Hydrarg. bichlor.,	gr. j-ij.
	Liq. arsen. chlor.,	$\frac{3}{4}$ j.
	Acidi. hydrochlor. dil.	
	Tr. ferri, chlor., aa	ij.
	Syr. zingib.,	ij.
	Aque ad.	vj.—M.

Sig.—Two teaspoonfuls three times daily in water, after meals.

#### The Yellow Fever Plague Fly.

Before the Norfolk (Va.) Med. Society Dr. Tunstall spoke of the yellow fever plague fly, declaring that in 1855 the fly appeared there about the time that the fever did, reached its greatest number during the worst of the epidemic, and gradually disappeared with it.

#### Paralysis from Injections of Ether.

In the *Rev. de Therap.*, March 15th, 1883, Dr. Arnozan relates four cases from which he concludes: 1. That injection of ether into the muscles causes paralysis. 2. These paralyzes are analogous to peripheric paralysis. They cause suppression or diminution of faradic excitability. 3. They pass away spontaneously, but very slowly.

## CORRESPONDENCE.

**Iodoform in Diphtheria.**

EDS. MED. AND SURG. REPORTER:—

In a late number of the REPORTER I noticed "Iodoform Treatment in Diphtheria." A few days after had an extremely bad case and tried it. The result proves that "iodoform" dusted on the membrane once or twice daily is a wonderful curative agent. The fetor is completely obliterated, and the disease very much abbreviated. The inventor of the treatment should be considered a public benefactor.

JAMES BATES, M. D.

Paris, Ohio.

**Salicylate of Soda in Granular Conjunctivitis.**

EDS. MED. AND SURG. REPORTER:—

I have accidentally discovered that a solution of salicylate of soda when applied with a soft camel's-hair brush to the everted lid in cases of granular conjunctivitis, after a saturated solution of sulphate of copper has been used, will almost instantly relieve the pain and irritation caused by the solution of copper, thus securing its good effect, without the accompanying evils of that valuable remedy. The discovery was made in this wise: I have a son, a youth of eighteen, who for several years has been very much troubled with granular conjunctivitis. I have had him under the care of some of the best oculists in the West without receiving any permanent benefit. About the first of January a most violent exacerbation came on which threatened to destroy his eyes; the cornea of both eyes became thickened and opaque—in fact he was almost blind. I started with him for Cincinnati for the purpose of having him treated by specialists in diseases of the eye, but the great flood came on, the trains were stopped, and I was compelled to return home with him. With many misgivings, I began to treat his case myself. I had previously used Pagenstaken's ointment of the yellow oxide of mercury, with not very satisfactory results. I now concluded to try the saturated solution of the sulphate of copper; this was very painful, though I washed it off thoroughly after each application; then, in order to relieve the excessive pain, I made a mucilage of quince seed which I would brush over the lids before turning them down. This afforded some relief, and I could see that the eyes slowly improved, but in time the mucilage became mouldy and became itself irritating. In order to preserve the mucilage from mould, I added about 6 or 8 or 10 grains of salicylate of soda to each ounce of the quince mucilage. On making the next application to his eyes, to the surprise and delight of both of us, the pain was almost instantly relieved and his eyes begun to improve much more rapidly, until now, a little over five weeks from the beginning of this plan, his eyes are almost well. I have also found that the mucilage may be dispensed with, as the salicylate of soda with pure water acts more promptly and equally well. I believe that the salicylate of soda not only relieves the pain, but has a good effect in curing the granulation. It is better to make it fresh occasionally. This discovery will be a great boon to those suffering with trachoma,

and you are at liberty to publish it if you think fit. I would suggest also from its promptness in relieving pain in this instance that it might give equally prompt relief in burns.

Respectfully yours,

E. T. SPOTTSWOOD, M. D.

Perryville, Ind.

**The Topical Effects of Kerosene.**

EDS. MED. AND SURG. REPORTER:—

Observing in some of the late numbers of your valuable journal some discussion as to the topical effects of kerosene, or coal oil, I thought that perhaps a bit of my experience with it might not be unprofitable.

During the winter of 1880-81, I had a patient, a little girl, aged about eight years, sick with typhoid fever, complicated with pneumonia and incipient morbus coxarius. The pain in the hip and thigh, and in fact the whole leg, was most excruciating, and the little patient was a terrible sufferer from it. While this condition was present, one of those women who think they know more than the doctor, came in one day, and suggested to the parents the application of coal oil to the limb.

The matter was referred to me, and I stated that I had no special objection to its use, and gave my consent, supposing of course that it would be merely rubbed on as a liniment. Instead of this, however, the woman saturated flannel cloths, and swathed the limb and hip with them, and covered these with other layers of cloth. The result was, that at my next visit, upon removing the cloths, the entire epidermis came off with them, leaving the entire limb, the back part of the hip, and the lower part of the back, devoid of this natural and useful covering.

You may well believe that I had hard work to save the little patient, with this addition to the already almost hopeless condition, but by dint of careful management and faithful nursing she recovered.

I learned by this that in applying coal oil not to confine it closely if I did not want it to blister.

B. C. BELLAMY, M. D.

Livermore, California.

## NEWS AND MISCELLANY.

**American Laryngological Association.**

The fifth annual convention of this Association will be held in the hall of the Academy of Medicine, No. 12 West Thirty-first street, New York city, commencing Monday, May 21, 1883, at 10 a. m., and continuing during the two following days.

**An Overdose of Chloral.**

Lady Catherine Petre, widow of the late Hon. Arthur Petre, and the youngest daughter of the late Earl of Wicklow, was found dead in bed on December 21. By her bedside was a bottle containing chloral. She had been in the habit of taking chloral as a sleeping draught, and the medical opinion was that death resulted from an overdose taken inadvertently.

**Wisconsin's Insane.**

The Governor of Wisconsin, in his annual message, January 11th, calls attention to the necessity of caring for the insane in properly equipped State hospitals, and strenuously advises against the employment of jails and almshouses as asylums.

**Sanitary Exhibition in Berlin.**

New buildings have been constructed in lieu of those burned last spring, and the postponed sanitary exhibition will be held in Berlin, under the auspices of the Emperor, Empress, and Crown Prince, commencing May 1st.

**State Board of Health for Kansas.**

A bill to create a State Board of Health for Kansas has been introduced in the House, and referred to a special committee, composed exclusively of physicians. A favorable report is expected soon. There are strong hopes for its passage at an early day.

**Juvenile Tobacco Statistics.**

The head master of the Latin School at Boston, Mass., states that tobacco is used by half the boys in the upper classes in his establishment; while the Principal of Harvard Grammar School, in Charlestown, avers that out of 300 boys, about 40 per cent. use tobacco habitually.

**Prize for the Solution of the Question as to the Prevention of Pollution of Rivers.**

The king of Saxony offers a prize of a silver "jardinière," with nine hundred marks, to be awarded by the German Fishery Commission for the best essay on "The Pollution of Water-courses and its Prevention, with special reference to the Maintenance of the Life and Health of Fish."

Essays are to be sent to Dr. P. Boerner, 8 Burggrafen Strasse, Berlin, W., before December 31st, 1884, from whom further information may be obtained.

**West Virginia State Medical Society.**

The Medical Society of the State of West Virginia will hold its sixteenth annual session in the court house at Grafton, commencing at 2 o'clock p. m., Wednesday, May 16th, 1883.

The last meeting was the largest the society has ever held, and a greater number of medical papers were read than in any previous year. It is confidently expected that this increased interest will be productive of even better results at the coming meeting.

All who contemplate presenting papers are requested to send title at their earliest convenience to S. L. Jepson, M. D., Secretary, No. 81 Sweet street, Wheeling, W. Va.

**American Medical Association.**

The thirty-fourth annual session will be held in Cleveland, Ohio, on Tuesday, Wednesday, Thursday, and Friday, June 5th, 6th, 7th, 8th, 1883, commencing on Tuesday, at 11 a. m.

Secretaries of medical societies are earnestly requested to forward, at once, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those

who have forfeited their membership, the Secretaries are, by special resolution, requested to send to him annually a corrected list of the membership of their respective societies.

WM. B. ATKINSON, M. D.,  
Permanent Secretary,  
1400 Pine street, Philadelphia.

**Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, January 1st, to March 31st, 1883.**

*Bailhache, P. H.*, Surgeon. Detailed as member of Board, for the examination of the officers of the Revenue Marine Service, March 27, 1883.

*Murray, R. D.*, Surgeon. To proceed to Vicksburg, Miss., as inspector, March 24, 1883.

*Purviance, George*, Surgeon. To proceed to Cleveland, Ohio, to investigate management of hospital, January 22, 1883.

Granted leave of absence for seven days, February 8, 1883.

*Austin, H. W.*, Surgeon. To proceed to Gallipolis, Ohio, as inspector, January 9, 1883.

*Fisher, J. C.*, Passed Assistant Surgeon. Detailed as member of Board for the examination of officers of the Revenue Marine Service, March 27, 1883.

*Carter, H. R.*, Passed Assistant Surgeon. To proceed to New Orleans, La., for temporary duty. Thence to San Francisco, Cal., for duty, February 7, 1883.

*Porter, F. D.*, Passed Assistant Surgeon. Granted leave of absence for thirty days, February 10, 1883.

*Guiterah, John*, Assistant Surgeon. Granted leave of absence for thirty days, January 19, 1883.

*Wheeler, W. A.*, Assistant Surgeon. To proceed to Chicago, Ill., for duty, January 27, 1883.

*Armstrong, S. T.*, Assistant Surgeon. To proceed to Key West, Fla., for temporary duty, February 1, 1883.

*Bennett, P. H.*, Assistant Surgeon. To proceed to Charleston, S. C., for temporary duty, February 19, 1883.

**Resignation.**

*Porter, F. D.*, Passed Assistant Surgeon. Resignation accepted to take effect March 31, 1883, February 10, 1883.

**Commencement of the University of Pennsylvania.**

The annual commencement of the Medical and Dental Departments of the University of Pennsylvania was held in the Academy of Music on Friday, April 13. The exercises commenced with prayer by Bishop Stevens.

The degree of Doctor of Medicine was conferred upon ninety-nine graduates, while there were thirty-four graduates in Dentistry.

Prizes were then awarded as follows:

Dr. Spencer Morris prize of \$100—George R. West, of Rome, Ga., for "Marked proficiency in differential diagnosis and hygiene."

Dr. J. William White prize, copy of *Agnew's Surgery*—Dr. Radcliffe Cheston, of Maryland, for "Proficiency in bandages and operating."

Morbid Anatomy prize—Dr. Edward Martin, of Philadelphia.

Dr. John B. Deaver (Demonstrator of Anatomy) prize for the best anatomical preparation—Dr.

William H. Mercur, of Towanda, Pa., and Dr. Edward Randall, Jr., of Galveston, Texas, with honorable mention of Dr. J. B. Hamilton, of Washington, Pa.

Dr. John B. Deaver Anomaly prize—Dr. William H. Kreeker, of Philadelphia, for the "Greatest number of anomalies collected in the dissecting-room," with honorable mention of Dr. George R. West, of Rome, Ga.

The Honorary Degree of LL. D. was conferred upon George L. Harrison "in recognition of his philanthropic services, his eminence as an authority on sociological questions, and his scholarly attainments."

The valedictory was delivered by Prof. R. A. F. Penrose.

#### Medical Society of the State of Pennsylvania.

The Thirty-fourth Annual Meeting will be held in Norristown, on Wednesday, Thursday, and Friday, May 9, 10, and 11, 1883, commencing on Wednesday, May 9, at 9 a. m.

##### *Amendment to be acted on.*

By Dr. C. K. Mills:

That Rule IX. of the Rules of Order be amended so as to allow a suspension of the rules by a two-thirds vote of the members present.

##### *Appointments for 1883.*

To prepare address in Surgery, Dr. Alex. Craig, Columbia.

To prepare address in Obstetrics, Dr. G. O. Moody, Titusville.

To prepare address in Hygiene, Dr. Henry Leffmann, Philadelphia.

To prepare address in Mental Disorders, Dr. John Curwen, Warren.

To prepare address in Medicine, Dr. James Tyson, Philadelphia.

On Codifying Lunacy Laws, Dr. B. Lee, Philadelphia, Chairman.

Secretaries of County Medical Societies are earnestly requested to forward at once complete lists of their *Officers and Members*, giving the *post-office address of each*.

Every *delegate*, before admission, shall produce a certificate of delegation, signed by the President or Secretary of his County Society.

Every *permanent member* (not a *delegate*), before admission, shall produce a certificate of good standing in his County Society. — (*Extract from Constitution.*)

WM. B. ATKINSON, M. D.,  
Permanent Secretary.

1400 Pine St., Philadelphia.

*Railroads.*—The Penna. R. R. and its branches, and the Phila. and Reading R. R. and its branches, will issue excursion tickets at the rate of two cents a mile. All who desire to avail themselves of this should notify the Permanent Secretary, stating the number of excursion orders required, and the railroad over which the party must travel to the place of meeting.

—It is proposed in Paris that a medical service be formed for the purpose of ascertaining what chronic or constitutional diseases affect the teeth, eyes, or ears of the pupils in the public schools, and of devising suitable remedies for the ailments.

#### Personals.

—Prof. von Arlt has been decorated with the star of a Commander of the Order of Francis-Joseph.

—Prof. Maas has been appointed Professor of Surgery in Würzburg, in the place vacated by the resignation of Prof. Bergmann.

—Subscriptions are being made in Paris to erect a statue to Pinel. The sum of five thousand dollars has already been raised.

—Dr. R. S. Huidekoper has been elected Professor of Veterinary Anatomy and Pathology in the proposed Veterinary Department of the University of Pennsylvania.

—The widow of Pirogoff has given the University of Moscow 12,000 roubles, the interest of which is to be applied to the endowment of two lectureships in the name of Pirogoff.

—Prof. Charcot, of Paris, has been elected an honorary member of the Royal Irish Academy for his important researches in pathological anatomy and physiology, especially of the nervous system.

—Prof. Neumann, the successor to the chair of the late Professor von Sigmund, in the University of Vienna, on February 8, delivered an eloquent eulogy of his predecessor, in which he claimed for him the honor of first having instituted a systematic clinic of his specialty.

—Sir Erasmus Wilson, although now in his seventy-fourth year, is not yet past work, his present studies being Egyptological. He is the President of the Biblical Archaeological Society, and Treasurer of the Society for the Exploration of the Buried Cities of Egypt. He is also one of the Court of Assistants and late Master of the Curriers' Company.

#### Items.

—A school for the systematic training of nurses has been started in Cincinnati, under the presidency of Dr. Geo. B. Orr.

—The Iowa College of Physicians and Surgeons held its commencement March 6, and granted diplomas to three graduates.

—M. Ch. Labourin claims to have detected in man a direct communication, other than the capillaries, between the vena cava inferior and the portal vein.

—The Medical College of Hamburg has issued a protest against the too frequent use, without medical advice, among the laity of chlorate of potash.

—The Legislature of Indiana recently defeated the Bowers bill to regulate the practice of medicine in that State by a vote of (in the House) 46 to 41.

—The manufacture of drugs and chemicals in the United States involves a capital of \$28,598,458. Products to the value of twenty-eight millions are annually made.

—In 1879 the number of lunatic asylums in Spain was 26, with a population of 3,790, which gives a ratio of one to 2,250 of the whole population. About eight per cent. are discharged cured every year.